AREA OFFICES

LOS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
145 SOUTH SPRING STREET
12

SACRAMENTO OFFICE
GILBERT 2-4711
924 NINTH STREET
14

SAN FRANCISCO OFFICE
EXBROOK 2-8751
GRAYSTONE BUILDING
948 MARKET STREET
2

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

June 27, 1952

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

ADDRESS REPLY TO:
616 K Street
Sacramento 14

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare with Fiscal Manual Letter No. 1.

These regulations were adopted by the State Social Welfare Board on June 16, 1952, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 103.5, 103.6, 114(b), 115 and 116, and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland

Charles I. Schottland
Director

Attachments

FILED
In the office of the Secretary of State
of the State of California
JUN 30 1952 3:56 P.M.
FRANK M. JORDAN, Secretary of State
By _____
Assistant Secretary of State

Certified as a Regulation (or as Regulations) of the

Dept of Social Welfare

(Name of State Agency)

C. J. Rhoads

(Signature)

Director

(Title)

6-27-52

(Date)

Chapter VI - Estimates and Advances

Contains rules and regulations governing the submission of quarterly estimates for federal and state funds for aid and administration. Includes examples on computation of estimates and describes process of remitting advances to counties. Contains no new policy or procedure.

Chapter VII - Claims for Categorical Aid Payments

Chapter VII, Claims for Categorical Aid Payments, incorporates all requirements of the reconciliation system currently contained in department bulletins. The ANC voucher claim payroll form has been revised to eliminate the requirement that the basis for state participation must be split between children eligible and ineligible for federal participation. Instructions governing the use of Form 816, Schedule of Adjustments, are given in greater detail.

Sec. F-730 F 3 b incorporates a provision which enables a county to obtain maximum federal and state reimbursement when a child transfers during a month from a family unit to a boarding home or vice versa.

Sec. F-730 I provides counties with option to report the return of erroneous repayments either as a positive payroll item or as a negative contra-payroll item.

Chapter VIII, Claims for Administrative Expenditures, has undergone extensive revision to incorporate a number of simplifications:

1. Time recording will no longer be broken down between OAS, ANB, APSB, ANC-El and ANC -Inel. Instead, any and all time worked on one, some, or all of these programs will be recorded as categorical aid. This will eliminate maintenance of daily time records for a substantial number of employees, as well as simplify the maintenance of the monthly time records. Accumulated costs charged to the categorical aids group will be distributed on the basis of weighted caseload ratios. The weights assessed to program caseloads will be computed for each county by the State Department of Social Welfare on the basis of each county's actual experience in the past. In order that weights may be re-evaulated, time recording by program will be required periodically.

2. Administrative Expense claimed as amortization of real property construction, purchase or addition will be reported as a separate category in order to facilitate reconciliation with cash expenditures and to prevent any confusion with on going charges for Maintenance and Operation.

3. Administrative expenses for the Boarding Home Licensing Program need no longer be accrued on a monthly basis. Accruals for previous years must continue to be segregated.

4. The requirement of allocating costs separately to Aged and Children's Boarding Homes programs has been abandoned, and costs will be reported for the combined licensing program.

5. Specific provisions have been included for the reporting of abatements to federal funds where capital outlay is transferred to other agencies, sold or traded in.

6. The administrative expense schedules, Forms DFA 64 and DFA 222, have been revised to accommodate the above described procedural changes. Instructions previously appearing on the reverse side of the forms have been incorporated in the manual text, enabling the printing of forms on lighter weight paper.

CHARLES I. SCHOTTLAND
Director

EARL WARREN
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14

FILED
In the office of the Secretary of State
of the State of California
JUN 30 1952 3:56 P.M.
FRANK M. JORDAN, Secretary of State
By _____
Assistant Secretary of State

July 1, 1952

FISCAL MANUAL LETTER NO. 1

Attached is a copy of the Manual of Fiscal Policies and Procedures which was adopted by the State Social Welfare Board on June 16, 1952, to be effective August 1, 1952.

The following are statements of the major changes in policy or procedure of this new manual.

Sec. F-230 provides that the State Department of Social Welfare, at the request of a county, will furnish transcripts of state accounts reflecting transactions which affect federal and state funds, as well as beginning and ending balances of funds.

Sec. F-430, Source of Repayment, provides that repayment from real property other than the home be waived only if the property is contributing substantially toward meeting current needs. This new provision is in line with recent new policies concerning the "utilization requirement."

In conformity with current legislation relating to grant adjustments, the new manual provides that a total overpayment of less than $2 is not subject to the repayment requirements.

Revisions have been made in the terminology used in aid repayments. To provide for more uniform and meaningful reporting repayments are classified as "Repayments Receivable", "In Lieu Repayments" and "Voluntary Repayments."

With respect to repayment plans proposed by debtors, the manual contains a new requirement that all resources of the debtor shall be considered in determining whether the plan is satisfactory.

The new material points out that the statute of limitations is applicable if invoked by the debtor, and that collection efforts shall continue until the debtor successfully invokes the statute.

Sec. F-480 contains the new requirement that accounts must be classified in three groups; viz., active, inactive, or closed.

Sec. F-490 provides that counties, at their option, may file the Repayment Report (Form ABC 830) on a monthly basis rather than a quarterly basis.

Chapter V - Governmental Participation

Contains the general policies and legal provisions governing participation in payments of aid and administration. Includes charts and examples. Contains no new policy or procedure.

The following Department Bulletins are also obsolete on August 1, 1952:

399	423A	454
416	423B	455
416A	423C	456
416B	431	460
416C	435	463
423	451	464

Department Bulletin No. 427 is now obsolete.

Correction: On the sample of Form ABC 830 shown in the Form Chapter, change Item A to read "Active Repayments Receivable Accounts at beginning of period. (Item J previous report)" and chance Item "I" to Item "J."

In accordance with regulations adopted by the State Social Welfare Board, and issued on April 30, 1943, one copy of the manual is to be kept current in the office of each county welfare department for the use of the general public. It shall be labeled "For Public Use."

The manual contains all forms which are prescribed or recommended. No changes have been made in forms except as follows:

AG 809 BL 809 APSB809 CA 809	Quarterly Estimates	Revised to eliminate requirement of notarization or jurat and to substitute certification "under penalty of perjury."
CA 800	ANC Certification	Revised to eliminate breakdown of state participation basis between children eligible and ineligible to federal participation.
CA 801	ANC Payroll	
CA 802	ANC Claim Summary	
CA 816	ANC Schedule of Adjustments	
CA 818	ANC Adjustment under W&IC 1512 (c)	
DFA 64 Part I) DFA 64 PartII) DFA 64C DFA 222 AD 807 BH 80	Administrative Expense Schedules	Revised to incorporate changes contained in Chapter VIII.
AB 801-H	Institutional Subvention Claim	Reference to "affidavit" changed to "certification."
AD 803	Adoption Cost of Care - Amounts Collected	Revised to provide for reporting of actual collections only.
DFA 140	Claim for Transportation of Needy Children	Revised to eliminate requirement of notarization of jurat, and to substitute certification "under penalty of perjury."
DFA 117	Request for Approval to Claim Space Costs	Revised to provide more pertinent information.
DFA 117A DFA 117B	Supporting Data	
DFA 171 DFA 172 DFA 173	Clearance form for irregular warrant endorsements or missing warrants	Revised to incorporate direction re number of copies to be prepared and office to which sent.
ABC 830	Repayment Receivable Report	Revised to incorporate changes contained in Chapter IV.
DFA 42 DFA 43	Daily Time Record Monthly Time Record	Revised to combine categorical aid time charges and to combine Boarding Home Licensing time charges.

This manual supersedes the entire Financial Procedures Chapter (Secs. 600-00 through 685-99) of the Manual of Policies and Procedures on August 1, 1952.

MANUAL OF FISCAL POLICIES AND PROCEDURES

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

REVISION RECORD

Revisions will be numbered in sequence as released. It is important that corresponding numbered revisions be checked off, as received, on the revision record below. Notify the State Department of Social Welfare if a revision number is skipped without receipt of a revised page bearing the corresponding number.

1	43	85	127	169	211	253	295	337	379	421	463
2	44	86	128	170	212	254	296	338	380	422	464
3	45	87	129	171	213	255	297	339	381	423	465
4	46	88	130	172	214	256	298	340	382	424	466
5	47	89	131	173	215	257	299	341	383	425	467
6	48	90	132	174	216	258	300	342	384	426	468
7	49	91	133	175	217	259	301	343	385	427	469
8	50	92	134	176	218	260	302	344	386	428	470
9	51	93	135	177	219	261	303	345	387	429	471
10	52	94	136	178	220	262	304	346	388	430	472
11	53	95	137	179	221	263	305	347	389	431	473
12	54	96	138	180	222	264	306	348	390	432	474
13	55	97	139	181	223	265	307	349	391	433	475
14	56	98	140	182	224	266	308	350	392	434	476
15	57	99	141	183	225	267	309	351	393	435	477
16	58	100	142	184	226	268	310	352	394	436	478
17	59	101	143	185	227	269	311	353	395	437	479
18	60	102	144	186	228	270	312	354	396	438	480
19	61	103	145	187	229	271	313	355	397	439	481
20	62	104	146	188	230	272	314	356	398	440	482
21	63	105	147	189	231	273	315	357	399	441	483
22	64	106	148	190	232	274	316	358	400	442	484
23	65	107	149	191	233	275	317	359	401	443	485
24	66	108	150	192	234	276	318	360	402	444	486
25	67	109	151	193	235	277	319	361	403	445	487
26	68	110	152	194	236	278	320	362	404	446	488
27	69	111	153	195	237	279	321	363	405	447	489
28	70	112	154	196	238	280	322	364	406	448	490
29	71	113	155	197	239	281	323	365	407	449	491
30	72	114	156	198	240	282	324	366	408	450	492
31	73	115	157	199	241	283	325	367	409	451	493
32	74	116	158	200	242	284	326	368	410	452	494
33	75	117	159	201	243	285	327	369	411	453	495
34	76	118	160	202	244	286	328	370	412	454	496
35	77	119	161	203	245	287	329	371	413	455	497
36	78	120	162	204	246	288	330	372	414	456	498
37	79	121	163	205	247	289	331	373	415	457	499
38	80	122	164	206	248	290	332	374	416	458	500
39	81	123	165	207	249	291	333	375	417	459	501
40	82	124	166	208	250	292	334	376	418	460	502
41	83	125	167	209	251	293	335	377	419	461	503
42	84	126	168	210	252	294	336	378	420	462	504

COPY NO. 1103 FISCAL

SALE OF MANUAL

Copies of the Manual of Fiscal Policies and Procedures may be purchased from the State Department of Social Welfare, 616 K Street, Sacramento, California, for $2.50 plus 8 cents state sales tax. The price of one year's subscription to revisions (which include department bulletins) is seventy-five cents. Both prices are payable in advance. If a certified or cashier's check or money order is used for payment, it shall be made payable to the State Department of Social Welfare.

FOREWORD

The material contained herein constitutes the Manual of Fiscal Policies and Procedures and includes the rules and regulations adopted by the State Social Welfare Board governing fiscal administration of the welfare programs by the counties. The rules and regulations are binding upon all agencies supervised by the Department of Social Welfare. The effective date of the material is August 1, 1952. As revisions are made, a new effective date will be specified for each.

The manual consists of nine chapters subdivided into sections with further subdivisions of sections. A separate chapter contains samples of the forms required or recommended in fiscal administration of the programs and in filing claims with the state. A separator is provided for insertion of manual letters explaining revisions.

TABLE OF CONTENTS (Continued)

Rules Governing Aid Warrants F-320
A. Identification of Warrants
B. Date of Issuance of Warrants
C. Time Limitation on Warrants
D. Reissuance of Warrants
E. Endorsements on Warrants
Money Payments and Restricted Payments F-340
A. The Money Payment
B. Restricted Payments
Payments in ANC Mismanagement Cases F-360
A. Types of Payments
B. Financial Control of Payments
General Relief Payments to Categorical Aid Recipients F-370

CHAPTER IV AID REPAYMENTS

Terminology Used in Aid Repayments F-400
A. Repayments Receivable
B. In Lieu Repayments
C. Voluntary Repayments
Demand for Repayment F-410
Determination of Debtor's Ability to Repay F-420
Source of Repayment F-430
Plan for Collection of Repayments F-440
Discovery of Excess Property or Income Subsequent to OAS Recipient's Death F-450
Erroneous Payments F-460
County Repayment Receivable Records F-470
Classification of Repayments Receivable Accounts F-480
Erroneous Repayments F-485
Quarterly Repayment Report F-490

CHAPTER V GOVERNMENTAL PARTICIPATION

State Participation in Aid Payments F-500
Federal Participation in Aid Payments F-520
Governmental Participation in Administrative Expenditures F-530
State Subventions to Counties F-550
Charts of Financial Participation in Grants of Aid F-560
Calculation of Governmental Shares in Aid Payments F-570
A. Federal Share
B. State and County Shares

CHAPTER VI ESTIMATES AND ADVANCES

Quarterly Estimates of Expenditures F-600
Quarterly Adjustment of Funds F-610
Submission of Quarterly Estimates F-630
Instructions for Preparation of Quarterly Estimates F-640
A. Total Number of Recipients
B. Average Payment
C. Total Aid
D. OAS and ANB in Excess $50.00

(Continued on Next Page)

TABLE OF CONTENTS

FOREWORD

CHAPTER I GENERAL PROVISIONS

Provisions of Federal and State Law F-100
Definition of Terms F-110
Governmental Participation in Aid Payments, Administration, and Subventions F-130
- A. Participation in Categorical Aid Payments
- B. Governmental Participation in Administrative Expenditures
- C. Subventions

Confidential Nature of Records F-150

CHAPTER II ACCOUNTABILITY FOR STATE AND FEDERAL FUNDS

Basis Principles of Accountability F-200
Maintenance and Preservation of County Fiscal Records F-210
Destruction of County Fiscal Records F-220
- A. Daily Time Report
- B. Records and Controls in Support of Form ABC 820, Batch Voucher Documents

Accountability for State and Federal Funds F-230
Controls on Authorizations to Pay or Discontinue Aid F-240
Controls on Governmental Participation in Aid Payments F-250
State and Federal Audit F-260
- A. State Office Audit
- B. State Field Audit
- C. Federal Audit
- D. State Field Eligibility Review

Adjustment of Audit Exceptions and Disallowances F-270
- A. State Field Audit Exceptions
- B. Federal Audit Exceptions
- C. Eligibility Disallowances

CHAPTER III AID PAYMENTS TO ELIGIBLE RECIPIENTS

Authorization for Payment of Aid F-300
- A. Actions Authorizing Payment
- B. Form of Recommendation
- C. Authorization Required Prior to Action
- D. Authorization by Agents of County Boards of Supervisors

Rules Governing Aid Payments F-310
- A. Form of Payment
- B. Time and Method of Payment
- C. Limitations as to Payee

(Continued on Next Page)

TABLE OF CONTENTS (Continued)

CHAPTER VIII CLAIMS FOR ADMINISTRATIVE EXPENDITURES

Governmental Participation in County Administrative Expenditures F-800
- A. Federal Participation
- B. State Participation
- C. County Participation

Reporting of Administrative Expenditures F-810
- A. Definition of Claimable Expenditures
- B. Timely Reporting
- C. Reporting of Abatements
- D. Expenditure Categories

Time Recording by County Welfare Department Employees F-820
- A. Form DFA 42, Employee's Individual Daily Time Record
- B. Form DFA 43, County Employee's Monthly Time Record

Computing Less Than Full Month Salary F-825
Allocation of Administrative Expenditures to Month F-830
Allocation of Administrative Expenditures to Program F-835
Expenditures Chargeable to the Categorical Aid Group F-840
Expenditures Chargeable to Adoptions, Boarding Homes, and Child Welfare Services F-850
- A. Agency and Independent Adoptions
- B. Aged and Children Boarding Home Licensing and Inspection
- C. Child Welfare Services

Welfare Department Space Costs F-871
- A. Building Maintenance and Services
- B. Rental Paid for Privately Owned Space
- C. Building Alterations and Improvements
- D. Building Purchase or Construction

Automotive Purchase and Operation F-872
- A. Automotive Purchase
- B. Automotive Maintenance
- C. Automotive Equipment Rentals
- D. Claims for Motor Pool Costs

Retirement Contribution Plans F-873
Workmen's Compensation Plans F-874
Expenditures for Examinations to Determine Eligibility on Degree of Blindness F-875
Expenditures for Costs of Memberships F-876
Expenditures for Surveys by Private or State Agencies F-877
Expenses of SSWB Appointed Committees F-878
Expenditures for Taxes F-879
Services of Other County Agencies F-880
Warrant Writing Services F-881
- A. Claims on a Unit Cost Basis
- B. Claims on an Actual Cost Basis
- C. Expenditures for Purchases or Replacement of Office Equipment

Services of the County District Attorney or Other County Legal Officer F-882
County Civil Service Commission F-883
Expenses of County Boards of Supervisors F-889

(Continued on Next Page)

TABLE OF CONTENTS (Continued)

E. Federal Participation Base F-640
F. Federal Funds for Administration
G. Federal Funds for Aid
H. Total Federal Funds Estimated
State Funds for Aid F-660
Certification of County Funds F-670
Statement of Cash Advances F-690

CHAPTER VII CLAIMS FOR CATEGORICAL AID PAYMENTS

Types of Aid Claims F-700
A. Voucher Claims
B. Cash Claims
Forms Used in Aid Claims F-710
A. Certification, Forms Ag, B1, CA 800
B. Claim Summary Sheet, Forms AB, CA 802
C. Reconciliation Statement, Form ABC 820
D. Aid Payrolls and Contra Rolls, Forms AB, CA 801 and CA 801-BHI
E. Schedule of Repayments, Form ABC 803
F. Report of Repayment, Form ABC 808
G. Schedule of Adjustments, Forms AB, CA 816
Types of Cases According to Governmental Participation F-720
A. Regular Cases
B. Non-County Cases
C. Non-Federal Cases
D. Non-County Non-Federal Cases
Claiming of Aid Payments F-730
A. Claims for Current Month Payments
B. Claims for Prior Months
C. Claims for Supplemental Payments
D. Basis for State Participation-ANC
E. Non-County or Non-County Non-Federal Cases
F. Payments for Partial Months
G. Two or More ANC Family Budget Units in One Household
H. ANC Mismanagement Cases
I. Reporting of Return of Erroneous Repayments
J. Held or Suspended Aid Warrants
Reporting of Warrant Cancelations F-740
A. Current Cancelations
B. Prior Cancelations
Reporting of Repayments F-750
A. Allocation of Repayments to Months
B. Distribution of Repayments
C. Reporting of Repayments on Claims
Reporting of Adjustments F-760
A. Adjustments for Current and Prior Months
B. Adjustments for ANC Transfer Cases
Preparation of Claim Summary Documents F-770
A. Claim Summary Sheet, Forms AB, CA 802
B. Claim Certification, Forms Ag, B1, CA 800
C. Reconciliation Statement, Form ABC 820
Packaging and Transmittal of Aid Claims F-790

(Continued on Next Page)

TABLE OF CONTENTS (Continued)

Instructions for Completion of Claims F-890
A. By County Welfare Departments
B. By Other County and City Agencies
Packaging and Transmittal of Administrative Expenditure Claims F-895
A. By County Welfare Departments
B. By Other County and City Agencies

CHAPTER IX CLAIMS FOR STATE SUBVENTION

Claims for County Institutional Subvention F-900
Claim for Adoption Cost of Care Subvention F-920
A. Claimable Costs
B. Deductions from Claimable Costs
C. Submission of Claims
Claim for Transportation of Needy Children F-940

FORMS

MANUAL LETTERS

CHAPTER I

GENERAL PROVISIONS

Except where specifically stated otherwise, all sections of this chapter apply to all programs supervised or administered by the State Department of Social Welfare.

F-100 (Continued) F-100

The requirements of state law, with respect to the supervisory functions of the State Department of Social Welfare, are contained principally in the following excerpts from the Welfare and Institutions Code:

Section 114 provides: "In administering any funds appropriated or made available to the department for disbursement through the counties for welfare purposes, the department shall:

(a) Require as a condition for receiving such grants in aid, that the county shall bear that proportion of the total expense of furnishing aid, as is fixed by the law relating to such aid.

(b) Establish rules and regulations, not in conflict with law or the policies formulated by the board, defining and controlling the conditions under which State aid may be granted or refused.

(c) Terminate any grants in aid to any county if the laws providing such grants, or the minimum standards prescribed by the board, are not complied with by the county or its officers or employees."

Section 115 provides: "All persons who are subject to investigation or supervision by the department, or who are connected with any institution subject to such investigation or supervision, or who are in any way responsible for the administration or expenditure of funds which are subject to investigation or supervision by the department, shall furnish to the department such information and statistics as it may request or require, and shall allow the department free access to all such institutions and to all records of such institutions and persons."

Section 116 provides: "In order to secure accuracy, uniformity, and completeness in such statistics and information, the department may prescribe forms of report and records to be kept by all persons, associations, or institutions subject to its investigation or supervision, and each such person, association, or institution shall keep such records and render such reports in conformity to the forms so prescribed."

F-100 PROVISIONS OF FEDERAL AND STATE LAW F-100

From the standpoint of fiscal administration of the welfare programs, certain provisions of the Social Security Act are particularly applicable. Titles I, IV, and X, pertaining to Old Age Assistance, Aid to Needy Children, and Aid to the Blind provide in Sections 2 (a), 402 (a), and 1002 (a) respectively as follows:

> "A State plan... must (1) provide that it shall be in effect in all political subdivisions of the State, and, if administered by them, be mandatory upon them; (2) provide for financial participation by the States; (3) either provide for the establishment or designation of a single State agency to administer the plan, or provide for the establishment or designation of a single State agency to supervise the administration of the plan; ...(5) provide such methods of administration... as are found by the Administrator to be necessary for the proper and efficient operation of the plan; (6) provide that the State agency will make such reports, in such form and containing such information, as the Administrator may from time to time require, and comply with such provisions as the Administrator may from time to time find necessary to assure the correctness and verification of such reports..."

The Federal Security Agency, in its "Handbook of Public Assistance Administration" states, in part, as follows:

> "As a State agency operating a State program, the public assistance agency is responsible for maintaining such methods of administration as will assure the discharge of its accountability for all funds from all sources, and will assure a proper reporting of its accountability during and after the completion of each State fiscal period... It is the responsibility of the State agency to see that all the expenditures for which Federal participation is claimed are properly supported by written evidence, conveniently accessible for examination, that payments were made in proper amounts to eligible persons, and that goods were received and services were rendered in accordance with all requirements governing the expenditures involved. Adequate supervision of local administrative units is essential in carrying out this responsibility. Such supervision should include periodic audits... As a means of assuring the observance and discharge of its fiscal accountability to the Federal agency, the State agency is responsible for assuring itself, through proper staff instruction and the normal administrative processes of supervision and control, that expenditures included in the computation of its claims for Federal funds are proper and are supported by adequate and dependable records."

(Section Continued on Next Page)

F-130 GOVERNMENTAL PARTICIPATION IN AID PAYMENTS, ADMINISTRATION, AND SUBVENTIONS F-130

The Federal Government and the State Government, through the SDSW, reimburse county governments for certain expenditures incurred by them in payments of categorical aid, in administration of the welfare programs, and for certain subventions.

A. PARTICIPATION IN CATEGORICAL AID PAYMENTS

The State Government participates in all categorical aid payments made by the counties which meet certain specific requirements as set forth in Sec. F-500. The Federal Government participates in all OAS, ANB, and ANC payments meeting the federal requirements specified in Sec. F-520. Charts of financial participation in aid payments and formulas for calculation of governmental shares therein are provided in Sec. F-560 and F-570.

B. GOVERNMENTAL PARTICIPATION IN ADMINISTRATIVE EXPENDITURES

The Federal and State Governments reimburse county governments for certain expenditures incurred by them in administration of the welfare programs as provided in Sec. F-530 and in Chapter VIII.

C. SUBVENTIONS

County institutional subvention, adoption cost of care subvention, and partial reimbursement of cost for transportation of needy children are available to counties as provided in Sec. F-550 and in Chapter IX.
(FSA; W&IC)

F-150 CONFIDENTIAL NATURE OF RECORDS F-150

Fiscal records maintained in the counties have the same confidential nature as records maintained in case files for individual recipients. The rules stated in other volumes of the Manual of Policies and Procedures relating to this matter are applicable to fiscal records and accounts. Reference is made to the following manual sections:

Manual of Policies and Procedures - OAS	Sec. A-170	Confidential Nature of Records
Manual of Policies and Procedures - AB	Sec. B-030	Confidential Nature of Records
Manual of Policies and Procedures - ANC	Sec. C-025	Confidential Nature of Records
Manual of Adoption Policies and Procedures	Sec. 2170-00	Confidential Information
Manual Boarding Homes for Aged and Children	Sec. VI-800	Confidential Nature of Records

(W&IC 1560, 2140, 3075, 3460)

F-110 DEFINITION OF TERMS F-110

To insure uniform understanding and application of certain words and phrases used in this manual, the following definitions are given:

1. Applicant - The applicant is the person requesting that aid be granted and who signs the application form. He may also be the same person to whom aid is to be paid or for whom aid is granted.

2. Payee - The payee is the person to whom the aid warrant is drawn and who has the responsibility for its disbursement for the benefit of the recipient(s). In most OAS, ANB, and APSB cases the payee is also the recipient.

3. Recipient - The recipient is the person(s) for whose benefit the aid is paid.

4. Categorical Aid - The term "categorical aid" includes OAS, ANB, APSB, and ANC (including county supplemental aid in ANC) and excludes county general relief and all other county welfare payments.

5. Authorization - The term "authorization" or "authorizing action" refers to action taken by a county board of supervisors or its duly appointed agent(s) in granting, denying, suspending, restoring, increasing, or decreasing payment of categorical aid, and returning erroneous repayments.

6. Eligible and Ineligible - The term "eligible" generally refers to meeting the requirements for the receipt of aid. The term "ineligible" generally refers to the failure to meet requirements for the receipt of aid. As used in Chapter VII, these terms refer to the meeting, or the failure to meet, requirements for federal participation in aid payments.

7. Persons Count - The term "eligible persons count" refers to the number of recipients in a particular month in whose aid payment the federal government will participate. The term "ineligible persons count" refers to the number of recipients in a particular month in whose aid payment the federal government will not participate.

(MCL 225)
(MCL 116)

CHAPTER II

ACCOUNTABILITY FOR STATE AND FEDERAL FUNDS

Except where specifically stated otherwise, all sections of this chapter apply to all programs supervised or administered by the State Department of Social Welfare.

F-210 (Continued) F-210

2. Records and controls in support of Form ABC 820, Reconciliation Statement

The manner in which records and controls are to be kept in support of the reconciliation of authorizations of county boards of supervisors (or agents) to amounts claimed to the state is treated in Sec. F-240. These records and controls shall be retained by each county and filed so as to be readily located and examined.

3. Repayment and collection records

Chapters IV and VII establish the procedures under which aid repayments are set up, collected, and reported, and prescribe the various records required. Such records shall be retained and filed by the county so as to be readily located and available for review.

4. County copies of aid and subvention claims

Each county shall retain at least one copy of all aid and subvention payrolls, contra rolls, and schedules filed together chronologically by program for the use of state and federal auditors. These county copies shall be exact duplicates of those submitted in claims to the state and shall not be used by the county as working copies in preparation of subsequent claims. With these shall be retained the copies of the certification forms for all claims, the Claim Summary Sheet, and the Reconciliation Statement for all claims, if applicable, which are returned to the county after state office audit together with a copy of the state claim correction letter.

5. Financial records for individual cases

An individual record should be kept in the county in state number order for each recipient of aid. Such a record should include the name of the recipient and/or payee, the state number, the amount of the grant, the participation status, the effective date of the grant, all changes in the amounts of aid, and the effective dates of such changes. Cancelations, collections, and other adjustments should also be entered in this record. Eligible ANC relatives claimed for federal participation should be indicated.

6. Records in support of administrative expenditure claims

The copy of each monthly claim for administrative expenditures (Form DFA 222 and DFA 64, Parts I & II) returned to the county after state office audit together with the state claim correction letter and any supplemental county schedules or worksheets shall be filed together by month.

(Section Continued on Next Page)

F-200 BASIC PRINCIPLES OF ACCOUNTABILITY F-200

Certain basic principles govern the discharge of county accountability in administration of the welfare programs. From a fiscal standpoint, the more important of these principles are stated as follows:

1. It is the responsibility of each county to make correct payments to eligible recipients and to present proper claims for such payments to the SDSW.

2. It is the duty of each county to administer the welfare programs efficiently and to claim as administrative costs only those expenditures which are properly claimable and necessary for efficient administration.

3. It is the duty of each county to keep such records and accounts as are required to demonstrate that it has made proper expenditures and has filed correct claims and to maintain and file its records and accounts so as to enable representatives of the SDSW, the State Controller, and the FSA to verify their correctness readily.

(W&IC 114, 115, 116, 1556, 1556.5, 2140, 3075, 3460)

F-210 MAINTENANCE AND PRESERVATION OF COUNTY FISCAL RECORDS F-210

While this section does not enumerate all necessary county fiscal records and accounts, the following have particular importance in state and federal review of fiscal transactions:

1. Time recording and other cost allocation records

   Chapter VIII establishes the manner in which expenditures for administration are allocated to program and claimed to the state. Monthly and daily time reports and the worksheets derived from them shall be retained by the county in support of its cost distribution.

(Section Continued on Next Page)

F-230 ACCOUNTABILITY FOR STATE AND FEDERAL FUNDS F-230

Moneys in the possession of a county representing amounts advanced by the state for federal and state shares in aid payments and the federal share in administrative costs are in the nature of trusts and are accountable as such to the SDSW.

Since the maintenance of proper fund accounts is essential in verification and discharge of accountability, it is recommended that the county auditor or auditor-controller maintain currently a welfare trust fund account including individual subaccounts for federal and state funds advanced for aid and administration for each program. This fund should be an integral part of the auditor's accounting system and be included in accounting controls. Each advance, claim filed, claim correction, and fund adjustment should be reflected in its proper fund account. Disbursements which are receivable through cash claims to the state, and the state payments thereon, should also be accounted for.

To enable verification by the county that accountability is properly discharged, the SDSW will, on request of the county auditor, furnish a transcript from state accounts showing the following:

1. The balances at the close of the last prior semi-annual period for aid and administration
2. Advances made during the period
3. Monthly claims submitted during the period as allowed subsequent to state office audit
4. Any repayments by county warrant of advances made by the state
5. The balance at the close of the period.

(W&IC 114, 115, 116)

F-210 (Continued) F-210

Ordinarily each county maintains as a part of its accounting records a voucher system in support of administrative expenditures paid by county warrant including salaries and wages, maintenance and operation, and capital outlays. There are certain other expenditures claimed from the state which may or may not be supported by particular warrants or vouchers. Included in this group are auditor's warrant writing costs, building maintenance and services, amortization of building purchase or construction, building alterations and improvements, retirement contributions, workman's compensation, and similar items. If claims for such items are made, adequate records to support them shall be retained with the county file copy of the claim.

(W&IC 116)

F-220 DESTRUCTION OF COUNTY FISCAL RECORDS F-220

Most fiscal records in the counties are preserved on a permanent basis. However, the following forms and records required by the SDSW may be destroyed after a period of time:

A. DAILY TIME REPORTS

It is necessary to retain daily time reports, Forms DFA 43, for the month immediately preceding the current month. All records more than one month old may be destroyed without approval of the SDSW. (See Sec. F-820)

B. RECORDS AND CONTROLS IN SUPPORT OF FORM ABC 820, BATCH VOUCHER DOCUMENTS

The extra copies of authorization documents for individual cases required to be maintained centrally as a part of the batch voucher system supporting reconciliation of aid authorizations to claims are to be preserved until the state field audit of the period involved has been completed. Upon completion of the state field audit, the county will be notified in writing by the SDSW that copies of these individual case documents may be destroyed. (See Sec. F-240)

(W&IC 116)

F-250 (Continued) F-250

2. 16th and 18th birthdates in ANC

3. Non-county cases; e.g., cases which do not have the required residence for county participation

4. Mismanagement cases in ANC

5. Warrants held or suspended beyond the date they would normally be delivered to the recipient

6. Guardianship cases, and

7. All other types of cases which may change from time to time in participation status, or in which participation may vary from normal, as in some retroactive payments, OAS conditional restoration, etc.

Another important element in governmental participation is the persons count in cases eligible and ineligible for federal participation. In ANC this is particularly important for eligible relatives and the first child. An effective control on persons count shall be maintained in each county to assure correct reporting on claims and ready verification by state and federal representatives.

(W&IC 116)

F-260 STATE AND FEDERAL AUDIT F-260

A. STATE OFFICE AUDIT

Claims for aid, administration, and subvention received from the counties and other governmental agencies are audited at the central office of the SDSW. This audit is accomplished prior to certification of the claims to the State Controller for payment or for credit against a previous advance and also prior to inclusion in quarterly statements of expenditure to the Federal Government.

(Section Continued on Next Page)

F-240 CONTROLS ON AUTHORIZATIONS TO PAY OR DISCONTINUE AID F-240

In support of Form ABC 820, Reconciliation Statement, required to be submitted with each monthly aid claim, each county shall maintain in an auditable manner and conveniently accessible to state and federal auditors, the following records:

1. A register, or its equivalent, supporting the reconciliation statement and summarizing the money effect of actions taken by the board of supervisors (or agent) in granting, modifying, or discontinuing aid. Form ABC 822, Register of County Authorizations, is recommended as being applicable in most counties for this purpose.

2. In addition to the completed, signed authorization documents required to be filed in individual case records, each county shall maintain a chronological file of authorization documents grouped according to board of supervisors (or agent) action date. Such a group is hereafter referred to as a "batch." Each batch may be subdivided by type of action, that is; new cases and restorations, increases, decreases or discontinuances. The individual documents shall be filed within each batch in state number order. To each batch shall be attached a recapitulation of the money effect of the documents included in it. This may be in the form of a listing or some other type of recapitulation suitable in the individual county. It shall, however, identify the individual cases entering into the batch totals, and shall be signed by the board clerk or agent. (See Sec. F-300). Form ABC 821, Batch Voucher, is recommended as being applicable in most counties for this purpose. The totals of each batch voucher shall be entered in the register of authorizations (or its equivalent) referred to in Item 1, above.

(W&IC 114, 115, 116)

F-250 CONTROLS ON GOVERNMENTAL PARTICIPATION IN AID PAYMENTS F-250

Effective controls shall be maintained by each county on:

1. Aid claims for individuals entering or leaving hospitals or other institutions

(Section Continued on Next Page)

F-270 ADJUSTMENT OF AUDIT EXCEPTIONS AND DISALLOWANCES F-270

A. STATE FIELD AUDIT EXCEPTIONS

Exceptions developed by state fiscal representatives are written in formal schedules and included in field audit reports transmitted to each county. The county has 60 days from the date of receipt of the transmittal letter in which to question or protest to the SDSW area office any of the exceptions scheduled. If a protest is filed, it shall be accompanied by full supporting data. The exceptions involved may be cleared, modified, or sustained by the SDSW. If cleared, no further action is necessary. If modified or sustained, the required adjustments will be made on a current claim by the SDSW. (See Sec. F-260, Item A) Counties shall not report adjustments on current claims for any tentative exceptions taken by state fiscal representatives, as to do so may result in erroneous or duplicate adjustments.

B. FEDERAL AUDIT EXCEPTIONS

Exceptions developed by fiscal representatives of the FSA are written in formal schedules on a state wide basis and are transmitted by that agency to the SDSW. Copies of such schedules as are applicable to the individual county are transmitted to it by the SDSW. The county has 30 days from the date of receipt of the SDSW transmittal letter to question or protest any of the exceptions in the schedule. Any protest shall be filed with the SDSW area office and shall be accompanied by full supporting data. The SDSW will take action with the FSA to clear, concur in, modify, or appeal the exception. If cleared, no further action is necessary. If concurred in or modified, the necessary adjustment is made by the SDSW on a current county claim. If the SDSW files an appeal with the FSA, no immediate action is taken to adjust on a current claim. Later, if the appeal is granted, the result will be the same as a clearance with no further action necessary. If the appeal is denied, adjustment will be made by the SDSW on a current county claim. (See Sec. F-260, Item A)

C. ELIGIBILITY DISALLOWANCE

Tentative disallowances are initiated by public assistance field representatives of the SDSW on Public Assistance Action Schedule, Form Gen. 22, copies of which are left with the county. If additional information is necessary, the county has 30 days in which to present clearance material. After review of the county's clearance material, the SDSW cancels the tentative disallowance or sustains it. If canceled, no further action is necessary. If sustained, a letter is written to the county explaining the facts on which disallowance action will be taken and allowing an additional 30 days for the county to present additional information if not in agreement with the facts as stated. Any additional information submitted by the county is considered, and the disallowance decision is confirmed, modified, or rescinded. Unless the decision is rescinded, the disallowance is processed by making an adjustment on a current county claim. (See Sec. F-260, Item A)

(W&IC 1556, 1559, 2189, 3087.3, 3482)

F-260 (Continued) F-260

Claims corrections found necessary in office audit are specified in a claim letter sent to the county together with copies of corrected claim summary documents. The claim letter explains the detail of the corrections made in the claim as reflected in changes in the totals on the summary documents.

If there are adjustments to be made in a claim for federal or state field audit exceptions for some prior period, such adjustments are also specified in the claim letter and in the summary document totals, and referral is made in the claim letter to the particular federal or state audit exception schedule previously transmitted to the county. (See Sec. F-270, Items A, B)

If an adjustment on a current claim is necessary because of a disallowance (See Sec. F-270C), referral is made in the claim letter to the date of the state letter to the county notifying it of the facts in the case and the reasons for disallowance.

If the county of residence is to be charged with the county share of ANC paid by the county of application under W&IC 1512 (c), the adjustment is reflected in the claim letter and in the summary document totals. Also attached to the claim letter is Form CA 818, "Adjustment under W&IC 1512 (c) authorized by Notification of Transfer - Form CA 215A," showing the detail of amounts paid by the county of application. (See Sec. F-760, Item B)

B. STATE FIELD AUDIT

All claims, accounts, and documents are subject to periodic post audit by representatives of the State Controller.

C. FEDERAL AUDIT

Fiscal representatives of the FSA visit each county from time to time to review or audit selected phases of county administration with particular emphasis on the county records and accounts in support of claims filed by the county with respect to federal funds for aid or administration.

D. STATE FIELD ELIGIBILITY REVIEW

Public assistance representatives of the SDSW conduct periodic reviews of determinations made by the county relative to the eligibility of applicants and recipients for aid. These reviews are a source of claim adjustments. (See Sec. F-270, Item C)

(W&IC 1556, 1559, 2189, 3087.3, 3482)

CHAPTER III

AID PAYMENTS TO ELIGIBLE RECIPIENTS

Except where specifically stated otherwise, all sections of this chapter apply to OAS, ANB, APSB, and ANC.

F-300 (Continued) F-300

C. AUTHORIZATION REQUIRED PRIOR TO ACTION

Regardless of the form in which recommendations are presented to the board of supervisors (or agent), the following is required with respect to action on individual cases:

1. The authorizing action shall occur prior to the carrying out of actions. Warrants shall not be released or canceled, or discontinuances or denials effected, until formal authorizing action has been taken. This does not apply to statutory cancelations of warrants outstanding over six months.

2. The authorizing action shall be explicit, i.e., action can not be implied by omission from a listing or payroll of an application which is to be denied or a payment which is to be discontinued. If recommendations are presented in the form of a typed or automatically run payroll, new cases and restorations shall be clearly identified on the roll as such, or listed separately. Discontinuances and denials shall also be listed separately.

3. Each authorizing action shall be certified on individual documents by the board clerk or deputy clerk or by a duly appointed agent of the board, and the individual documents shall be filed in the case record. If a county desires to maintain separate document files at a location different from that at which the case records are kept, identical documents certifying county action shall nevertheless be filed in the individual case records.

4. Each authorizing action on a case or group of cases shall also be recorded on a board letter, a batch voucher, or other form of listing to be retained in the county readily accessible to state and federal representatives. Such listing shall be accompanied by a copy of the authorization document for each case listed thereon. (See Sec. F-240)

D. AUTHORIZATION BY AGENTS OF COUNTY BOARDS OF SUPERVISORS

The authority of a county board of supervisors to grant, restore, increase, decrease, suspend, discontinue, and deny aid, or authorize return of erroneous repayments may be exercised by an agent duly appointed by resolution of such board.

Prompt payment of aid to eligible persons is required. Actions of delegated agents shall be timed so that payments to eligible persons may be disbursed with the least possible delay. (See Sec. A-303 of the Manual of Policies and Procedures - OAS, Sec. B-207 of the Manual of Policies and Procedures - AB, and Sec. C-201 of the Manual of Policies and Procedures - ANC.) If a county board of supervisors elects to delegate its authority, it shall designate, as agent, one or more persons who direct, supervise, or perform the determination of eligibility for assistance.

(Section Continued on Next Page)

F-300 AUTHORIZATION FOR PAYMENT OF AID F-300

A. ACTIONS AUTHORIZING PAYMENT

The action of a county board of supervisors (or its duly appointed agent as provided in Item D) granting, restoring, increasing, decreasing, suspending, discontinuing, denying aid, or returning erroneous repayments constitutes the final action which unconditionally authorizes payment to be delivered to, or withheld from, the specified payee. Such action authorizes delivery of the payment immediately, except where a future date is specified. With respect to continuing aid payments, the first day of each month is the effective date of the continuing authorization for payment.

The SSWB, when awarding aid to be paid on an appeal, in effect remands the case to the board of supervisors (or agent) who alone has the power to direct disbursement of funds from the county treasury. Payment in such case shall be made in the amount awarded by the SSWB and for the period designated by it.

The execution of an authorizing order is mandatory unless a subsequent authorization modifying such order is issued or delivery of a warrant is withheld or suspended as provided in Sec. A-1324 of the Manual of Policies and Procedures - OAS, Sec. B-636 of the Manual of Policies and Procedures - AB, and Sec. C-536 of the Manual of Policies and Procedures - ANC.

B. FORM OF RECOMMENDATION

Recommendations for action on individual cases are presented to the board of supervisors, or actions are taken by agents of the board, in one of the following forms:

1. The individual authorization documents.

2. Board letters or listings. A number of counties combine their board letter form with the suggested batch voucher form (See Sec. F-240) and thus fulfill the requirement of action by the board of supervisors (or agent) as well as a required reconciliation control.

3. A typed or automatic payroll such as that included in the county claim to the SDSW (Form AB, CA 801 or its equivalent). This method simultaneously authorizes the award to each recipient listed thereon and gives authority to the auditor to issue the warrants. Thus, in counties where monthly authorization for continued disbursement is considered necessary, this form of presentation may be effective in speeding up the authorization and payment processes. Attention is called to Sec. 29741 of the Government Code which permits aid disbursements continuously without further authorizing actions once eligibility is established and aid is payable.

(Section Continued on Next Page)

F-300 (Continued) F-300

A signature card or other record of the precise signature of each delegated agent shall be maintained in a central file. This record shall also indicate for each agent the extent of the authority delegated and the effective date as evidenced by the resolution adopted by the board of supervisors.

If facsimile stamps are used, the stamped signature shall be initialed by the person affixing the stamp. It is necessary that the facsimile signatures be affixed by the delegated agent or by a person or persons specifically authorized in writing by the agent to do so. To prevent unauthorized use, each county shall maintain adequate controls on the use and safekeeping of such facsimile stamps.

(W&IC 1560, 2140, 2181, 3075, 3460)

F-310 RULES GOVERNING AID PAYMENTS F-310

A. FORM OF PAYMENT

All aid paid shall be by warrant of the county, except that in ANC mismanagement cases aid may be paid totally or partially in kind. (See Sec. F-360)

County warrants issued in payment of aid shall be redeemable at par. The county shall at all times guarantee the cashing of warrants without discount. If it becomes necessary for the county to register its warrants, the SDSW shall be notified at once as to arrangements made:

1. With local banks for the immediate cashing of warrants at par on demand, or
2. Through the State Department of Finance under the provision of Sec. 29870 et seq. of the Government Code.

B. TIME AND METHOD OF PAYMENT

Payments of aid shall be made monthly in advance, except certain payments in ANC mismanagement cases (See Sec. F-360) and payments of ANC for children who are living in boarding homes or institutions. Payments of ANC for children living in boarding homes or institutions may be made to the boarding home or institution either in advance or subsequent to the furnishing of care and support. One warrant may be issued to each boarding home or institution covering all children receiving ANC in the home to whom board and care is given during the month, or a separate warrant may be issued for each child or family group.

Payment is effected by deposit of the warrant, properly stamped and addressed, in the U. S. mail, or by delivery to the payee by an authorized representative of the county. (See Sec. F-340, Item B) Enclosures with warrants are restricted to those matters relating to administration of the program under which the warrant is issued.

(Section Continued on Next Page)

F-300 (Continued) F-300

The following actions shall be taken by the board of supervisors and may not be delegated to an agent:

1. Make findings of the ability of responsible relatives to contribute to recipients of OAS.

2. Request the SDSW to settle a dispute as to county responsibility for support (residence disputes between counties). These must be signed by the chairman of the board of supervisors.

3. In OAS, ANB, and APSB, hear or make decision upon appeals filed with the board of supervisors because of dissatisfaction with the action of the board of supervisors or its agent.

4. Appeal to the SSWB from claim dissallowances made by the SDSW.

5. Approve claims for OAS and ANB county institutional subvention.

Each agent delegated to exercise authority of a county board of supervisors as herein provided shall certify to the actions so authorized in the same manner as provided for board of supervisors' authorization (See Item C of this section).

The batch voucher or other transmittal listing shall carry the following certification:

> I hereby certify that the facts stated in the herein listed documents have been verified by investigation, that supporting evidence is on file in the county office, is open to inspection by duly authorized state and federal representatives and that to the best of my knowledge and belief, the persons named herein are entitled to __(name of program)__ under existing law in the amounts and from the effective dates specified.
>
> Signed _____
> Agent of Board of Supervisors
>
> Date _____

The above certification wording may be placed on existing transmittal letters or forms by rubber stamp or other means. The signature of the agent to the certification shall, however, be an original. Either original or facsimile signatures of the agent shall be affixed on the copies of the individual authorization documents.

(Section Continued on Next Page)

F-310 (Continued) F-310

c. Whomever the California Probate Code designates as the proper party to receive monies belonging to the decedent's estate. If the decedent's estate falls within the categories outlined in Sec. 630 of the Probate Code, Summary Probate Proceedings, the warrant may be made payable to such successor when he furnishes the county auditor with an affidavit showing his right under Sec. 630 of the Probate Code to receive the money.

If a recipient (other than ANC) dies before aid authorized prior to his death is paid to him, such aid shall be made payable as outlined above. If aid is granted subsequent to the applicant's death or if aid is increased by county action subsequent to the recipient's death, such aid is not payable and the warrants, if drawn, shall be canceled.

A warrant which has not been endorsed may be endorsed only by one of the following:

d. The duly appointed and qualified executor or administrator of the recipient's estate.

e. Whomever the California Probate Code designates as the proper party to receive monies belonging to the decedent's estate.

(1) If the decedent's estate falls within the categories outlined in Sec. 630 of the Probate Code, Summary Probate Proceedings, the warrant may be endorsed by such successor when he furnishes the county with an affidavit showing his right under Sec. 630 of the Probate Code to receive the money.

(2) Endorsements on warrants made under Summary Probate Proceedings should incorporate or refer to the affidavit required of persons claiming estates under Sec. 630 of the Probate Code, Summary Probate Proceedings. If the payee is other than the recipient, the warrant shall not become part of the payee's estate in case of the payee's death. The warrant issued to the deceased payee shall be canceled and a duplicate warrant shall be issued to the new payee.

In ANC, if the payee dies, the warrant issued to the deceased payee shall be canceled and a duplicate warrant shall be issued to the new payee.

(W&IC 1552.3, 1560, 2140, 2183, 3075, 3460)

F-310 (Continued) F-310

Advance payment means delivery of the warrant on, or as near as possible to, but not before, the first day of the month. The warrant shall be deposited in the mail in sufficient time to insure delivery on the first postal delivery day of each month. (See Gov. C. 29800)

If a recipient is eligible on the first day of the month, he is entitled to receive payment for the full month.

The state, federal, and county portions of the aid shall be paid at one time by a single warrant.

C. LIMITATIONS AS TO PAYEE

1. Recipient of Payment

In OAS, ANB, and APSB payments of aid shall be made directly to the recipient, except under certain conditions following death or in cases involving guardianship of the estate. (See Sec. A-228 of the Manual of Policies and Procedures - OAS and Sec. B-155 of the Manual of Policies and Procedures - AB.) In ANC, payments of aid shall be made directly to the authorized payee. In ANC, if a child is living with a parent or a relative, payment shall be made to the parent, the legal guardian of the parent, the relative, the legal guardian of the relative, the child, or, in an emergency, to the person acting temporarily for the parent or the relative. If the child is living in a foster home or institution, payment preferably should be made to the foster home or institution caring for the child but may be made to the parent or other relative responsible for the child or to the probation officer if the child is a ward of the Juvenile Court. If the child in a foster home is a parolee from the California Youth Authority for whom the parole officer signed the application, the warrant shall be payable to the foster home but mailed in care of the area office of the California Youth Authority.

2. Payments Upon Death of Recipient or Payee

If an eligible recipient (including child receiving ANC) dies on or after the first day of the month, aid shall be paid for the full month even though the warrant had not been delivered before death occurred. If the county has knowledge of the recipient's death prior to the preparation of the warrant, except in ANC, the warrant shall be made payable to one of the following:

a. The decedent.

b. The duly appointed and qualified executor or administrator of the recipient's estate.

(Section Continued on Next Page)

F-320 (Continued) F-320

The warrant issue date shall not be counted in computing the last day of the six month period. If the last day falls on a Sunday or a legal holiday, the day following is considered to be the last day.

Any claim arising from a valid authorization to pay aid resulting in the issuance of an aid warrant becomes void on the same date as the warrant.

D. REISSUANCE OF WARRANTS

If a warrant has been lost or destroyed before it is paid by the county treasurer, the amount due may be recovered by the payee by filing with the county auditor, prior to the time the warrant becomes void, an affidavit setting forth the fact of the loss or destruction of the warrant, the number, date, amount, name of the payee, and all material facts relative to its loss or destruction. Upon the filing of the affidavit, the county auditor shall issue and deliver to the payee a duplicate warrant bearing the same date as the original warrant for the full amount of the original warrant and the treasurer shall pay the duplicate in lieu of the original warrant. The reissued warrant must be presented for payment within the same time limit as for the original warrant.

If, within the six month period, ownership of the warrant had passed from the original payee to another person (bank, store, etc.) by endorsement prior to the time it was lost or destroyed, the amount due may be recovered by the legal owner of the warrant in the manner set forth above. In this event the county auditor shall issue and deliver the duplicate warrant to the legal owner instead of the original payee.

A warrant shall be considered lost if it has been mailed and has not been received by the addressee within twenty days after the date of mailing.

A warrant canceled in error by the county auditor shall be reissued in the same date, number, and amount as the original warrant.

E. ENDORSEMENTS ON WARRANTS

Warrants issued in payment of aid shall be endorsed by the authorized payee in order to signify receipt of payment, except in the case of a deceased recipient or payee as provided in Sec. F-310, Item C 2. Warrants issued in favor of a legally appointed guardian shall be endorsed by the guardian.

A payee may endorse a warrant in a foreign language which differs in appearance from his name as it appears on the face of the warrant, e.g., in Chinese characters. Such endorsement is acceptable unless there is reason to doubt its authenticity.

If a payee is unable to write his name, he may endorse his warrant by means of a mark, e.g., an X or a thumb print. Such mark endorsement shall be accompanied by the name of the payee and the signature and address of at least one witness in attendance at the time the mark endorsement is made.

(W&IC 118.2, 1560, 2009, 2140, 2181, 2183.9, 3002, 3044, 3075, 3401.5, 3460; Gov. C. 29850, 29851, 29852, 29853; AGO 42/242)

(Section Continued on Next Page)

F-320 RULES GOVERNING AID WARRANTS F-320

A. IDENTIFICATION ON WARRANTS

The payee's surname shall appear on the warrant exactly as his signature appears on the Application, Form Ag, B1, CA 200, on the Summary of Letters of Guardianship, Form DPA 5, or, in ANC, on the latest authorization document. If the county's disbursement procedures make it difficult to use the full first name, the initial only may be shown on the warrant. In ANC, the names of the children for whom aid is paid shall not appear on the warrant. The state number assigned to the case may appear on the face of the warrant for further identification. It shall be used with the name in all correspondence, reports, records, and other data regarding the warrant.

Warrants drawn in payment of OAS, ANB, APSB, and ANC shall not carry any reference to indigency or pauperism and shall not include any word or abbreviation indicative of aid, assistance, charity, needy, support, welfare, or words or abbreviations of similar connotation. The program titles Old Age Security, Aid to Needy Blind, Aid to Partially Self-supporting Blind Residents, and Aid to Needy Children and the abbreviations OAS, ANB, APSB, and ANC shall not appear on the warrant, nor shall the fund designation appear on the warrant if it includes such words as welfare, security, relief, indigent, etc.

For identification purposes within the county government, such warrants may carry a code letter or number, provided such code is not generally understood by the public. The following codes are recommended:

A- Old Age Security
B- Aid to Needy Blind
P- Aid to Partially Self-supporting Blind Residents
C- Aid to Needy Children

It may also be helpful to use warrants of different colors for the various programs.

B. DATE OF ISSUANCE OF WARRANTS

Warrants shall show the date of issuance. (Gov. C. 29800) If the delivery date is other than the date of issuance of the warrant, the date of delivery shall be shown either on the warrant or on a separate record available for inspection by state and federal representatives.

C. TIME LIMITATION ON WARRANTS

Any warrant issued in payment of aid is void if not presented to the county treasurer for payment within six months after its date. Every aid warrant shall carry notice of this fact conspicuously on its face in order that persons holding such warrants will present them for payment within the time limit specified. The following wording is recommended: "This warrant is void if not presented to the county treasurer for payment within six months from date."

(Section Continued on Next Page)

F-340 MONEY PAYMENTS AND RESTRICTED PAYMENTS F-340

A. THE MONEY PAYMENT

The money payment by warrant immediately redeemable at par shall be made to the payee or his legal guardian at regular intervals and no restrictions shall be imposed on the use of the funds. The money payment, therefore, assures the right of the payee to use his payment as he would money received from any other source and to be free to direct his own life. In other words the money payment makes it possible for payees to carry on their activities through the normal channels of exchange, enjoying the same personal rights and discharging the same responsibilities as do friends, neighbors, and other members of the community. The payee shall have full use of the warrant and there shall be no state or county control of its expenditure. Payments of aid shall be delivered unconditionally to the payee in the full amount of the grant for the sole use and benefit of the individual on whose behalf the grant is made.

B. RESTRICTED PAYMENTS

Payment of aid shall not be restricted except in ANC mismanagement cases.

A restricted money payment is one given under some condition or limitation which the agency imposes on the use of the money; i.e., it is a payment in which an expressed or implied requirement is made that delivery of the aid warrant is contingent upon agreement to make certain or specified expenditures from the aid paid. The restricted payment is not subject to federal and state participation.

The warrant shall be issued to the payee through the U. S. mail to the address at which he customarily receives mail, or delivered to him according to his instructions. While the payee may request the agency to deliver the warrant to him in a specified way, the county shall not determine on its own authority that delivery is to be made to any other person, nor may the county require any special endorsement or use other devices that necessitate the warrant being delivered to, or cashed by, or in the presence of, a specified person other than the payee or his guardian.

The payment shall be accomplished without direction on the warrant or by letter, or by agreement as a condition of receiving the payment, or by other notification, that the money must be used in a specified way or for a specified purpose.

(Section Continued on Next Page)

F-320 (Continued) F-320

Example of a form which may be used on the reverse side of the warrant to obtain proper endorsement:

Endorsement hereon acknowledges payment for month specified

_____

This warrant must be endorsed on the line below by the person in whose favor it is drawn, and the name must be spelled exactly the same as it is on the face of this warrant. (Note: If endorsement is made by mark (X) see instructions below.)

_____

(Sign on this line)

FORM FOR ENDORSEMENT BY MARK (X)

If endorsement is made by mark (X), it must be witnessed by one person who can write. Use form below:

(HIS) OR (HER)

☐

MARK

_____

(Payee's name must be written on this line exactly as it appears on face of warrant.)

Witness to Mark:

Name _____

Address _____

Name _____

Address _____

F-360 (Continued) F-360

B. FINANCIAL CONTROL OF PAYMENTS

Authorization for multiple payments, controlled payments, or payments in kind shall be effective on the first day of a calendar month. The following procedural steps shall be taken:

1. Authorization Documents

The county welfare department shall specify on the authorization document the date on which payments under mismanagement determination become effective and the specific manner in which such payments of the monthly authorization are to be made, i.e.;

a. The portion of the authorization to be paid without restriction to the payee, either in one payment on the first of the month or in multiple payments on specified dates during the month.

b. The portion to be paid to the payee as a controlled payment, and

c. The portion to be paid in kind for goods and services.

2. Financial Record of Payments in Kind

The county welfare department shall maintain a centrally filed financial record for each mismanagement case for which there are payments in kind. This record shall show:

a. The date on which payment under mismanagement determination becomes effective and when terminated,

b. The amount of the monthly authorization,

c. The portion thereof to be paid by warrant to the payee,

d. The amount available monthly for encumbrance by vendor orders for payments in kind,

e. The date, number, and amount of each vendor order issued and the type of goods or services specified therein,

f. The date, auditor's warrant number, and amount of payments made on claims rendered by vendors to whom orders have been issued. If the vendor is the county commissary, an auditor's journal voucher or other document according to practice in the county is to be entered in lieu of warrant number, and

g. A running balance of accumulated amounts unencumbered.

Whatever procedure is usually followed in the county in payment of bills may be followed in payment of vendor claims. However, the system should provide for flow of current information to the welfare department in order that prompt postings may be made to the financial record.

(Section Continued on Next Page)

F-340 (Continued) F-340

The following are examples of restricted payments:

1. Directing that all or part of the assistance payment must be applied to specific bills or for the purchase of specific goods or services. Statements explaining the basis on which the amount of the payment is determined are not in themselves restrictive.

2. Requiring the submittal of receipts for the purpose of showing how all or any part of the assistance payment has been spent. This does not preclude the verification of rental or other budget items if the purpose is to determine the need of the individual as in the case of original or reinvestigation of eligibility.

3. Requiring the return to the county or deposit with the county of all or part of the aid payment for use in a manner designated by the agency.

4. Providing services to creditors, such as assisting creditors in the collection of the payee's debts.

5. Payment made through the medium of a county trust fund or account, and through which the full amount of the warrant is not delivered to the payee each month, are restricted payments.

(W&IC 1505, 1560, 2006, 2140, 3003, 3008, 3042, 3075, 3402, 3407, 3460, AGO NS 1382, NS2382, NS3667; FSA)

F-360 PAYMENTS IN ANC MISMANAGEMENT CASES F-360

A. TYPES OF PAYMENTS

Payment of ANC in cases in which mismanagement has been determined as provided in Sec. C-516 of the Manual of Policies and Procedures - ANC may be in the form of (1) unrestricted multiple money payments to the payee during the month, (2) controlled money payment(s) to the payee, (3) payments in kind for specific goods or services, or (4) a combination of any or all of them.

Unrestricted money payments to the payee in one payment or in multiple payments and covering more than one budgeted item are subject to federal participation. Payments in kind, or money payments to the payee in which there is restriction or direction as to use for specific goods or services, are not subject to federal participation.

If partial money payments or multiple payments are controlled, it is necessary to so indicate, since federal participation is not available in such payments. Furthermore, if all or part of the monthly authorization is payable in kind, it is necessary to account for the issuance of orders on commercial vendors or on the county commissary within the amount available for payments made in kind and to meet fully the budgeted needs of the children according to established ANC standards.

(Section Continued on Next Page)

F-370 GENERAL RELIEF PAYMENTS TO CATEGORICAL AID RECIPIENTS F-370

General Relief granted to a categorical aid applicant or appellant pending the determination of his eligibility constitutes net income for the month within which it is received, and shall be taken into consideration in the computation of any retroactive or current categorical aid grant for such month(s).

If General Relief is granted in order to enable a recipient of categorical aid to meet special needs, the amount of General Relief constitutes income for the month within which it is received, to be related to the recipient's total needs for that month.

Emergency General Relief granted a recipient of categorical aid who has lost or spent his grant and given for the purpose of enabling him to meet his basic needs for the remainder of the month, if determined to be casual income, is not subject to collection or adjustment. If it is not determined to be casual income, it shall be treated as other income, with an adjustment of the categorical aid to be made within the current adjustment period or a repayment to be collected within the current adjustment period and to be reported to the SDSW as "In Lieu Repayments."
(W&IC 1511, 1560, 2020, 2140, 3075, 3084, 3460, 3472)

F-360 (Continued) F-360

3. Vendor Order Form

A system of vendor order forms and a method of control of their use shall be maintained in each county in which there are ANC mismanagement cases to be paid in kind. The following requirements shall apply:

a. Vendor orders shall be issued at least in duplicate with the following distribution:

(1) The original shall be for vendor's use either directly or to be presented to him by the payee. Whenever possible, the vendor shall require the payee's signature on the original of the vendor order as evidence of goods or services received, which original shall be attached by the vendor to his claim to the county.

(2) The duplicate of the vendor order shall be retained in the welfare department or posted to the financial record referred to in Item 2 and filed according to county requirements.

b. Vendor orders shall be serially numbered and shall be treated as controlled stationery in order that unauthorized use may be prevented. A separate vendor order shall be issued covering goods or services for each case and each vendor. It is recommended that authority to issue such orders be restricted to a limited number of specified persons and that all orders be countersigned by the welfare director or his duly appointed representative.

4. Existing County Systems

If a county has an adequate system already established for processing payments in kind to its General Relief cases and if such a system is adaptable to ANC mismanagement cases and meets the requirements set forth herein, such a system may be substituted for the forms and procedures as provided herein, subject to subsequent review and approval by the SDSW.

5. Goods Supplied from County Commissaries

Goods supplied to ANC mismanagement cases through county commissaries shall be valued at actual cost to the county, provided, however, that such cost may not exceed prevailing retail prices. Counties making payments in kind through commissaries shall maintain adequate records of commissary costs readily available for audit by state representatives.

(W&IC 1552.2, 1560)

CHAPTER IV

AID REPAYMENTS

Except where specifically stated otherwise, all sections of this chapter apply to OAS, ANB, APSB, and ANC.

F-410 DEMAND FOR REPAYMENT F-410

For all repayments receivable ($2 or more), a formal written demand shall be served promptly upon the debtor. This demand may be mailed to the debtor at his address of record or may be delivered in person. It shall include the following:

1. The reason for, and the amount of, the repayment due.
2. A statement that the right to request repayment exists.
3. A statement that the repayment is due and payable immediately and that repayment or a satisfactory plan for repayment is required within 30 days. If the debtor is without resources other than the grant and the income required to meet the current need, a statement shall be made that he is not obligated to make repayment from such funds.
4. A statement that, upon request, a county representative will be available to advise him as to his rights and responsibilities with respect to the amount due. (W&IC 115, 116, 1506, 1560, 2007, 2140, 3006, 3075, 3405, 3460)

F-420 DETERMINATION OF DEBTOR'S ABILITY TO REPAY F-420

If the debtor does not reply to the demand for repayment (See Sec. F-410) within a reasonable time, a determination shall be made as to the debtor's ability to repay the amount due. If the amount due is $50 or more, an investigation shall be made and the following shall be recorded centrally or in the case record:

1. A statement of the sources and amounts of income.
2. A listing of real and personal property.
3. If aid is currently being paid, a listing of real and personal property required to meet continuing needs as defined in Sec. F-430, Source of Repayment.
4. A statement from the debtor as to his intent and pecuniary ability to repay.

Form A, Statement of Debtor's Resources, (See Form Chapter) is suggested for the recording of the investigation.

If the amount due is less than $50, the investigation and recording are optional.
(W&IC 115, 116, 1506, 1560, 2007, 2140, 3006, 3075, 3405, 3460)

F-400 TERMINOLOGY USED IN AID REPAYMENTS F-400

A. REPAYMENTS RECEIVABLE

Amounts received or receivable from, or on behalf of, recipients or former recipients as the result of overpayments of $2 or more not adjusted or adjustable within the current adjustment period and for which there is right to demand repayment are termed "repayments receivable." Included in this category are amounts paid or due to county from responsible relatives as required by law or from absent parents as the result of court order if such contributions are delinquent when received and are to be applied to a prior month or months. Otherwise contributions received are applied as income in the month received and are not classified as repayments of aid except as provided in Item B. Nothing contained in Item A shall be construed to give a county the right to request responsible relatives to make their contributions to the county rather than directly to the recipient or payee.

B. IN LIEU REPAYMENTS

Amounts received from, or on behalf of, recipients which represent adjustment within the current adjustment period by repayment in lieu of grant reduction or discontinuance are termed "in lieu repayments."

C. VOLUNTARY REPAYMENTS

Amounts received from, or on behalf of, recipients or former recipients on a voluntary basis which represent return of aid legally paid are termed "voluntary repayments."

While all amounts received from, or on behalf of, recipients or former recipients are required to be reported as abatements on aid claims to the state (See Chapter VII), this chapter deals only with repayments receivable as described in Item A. Only repayments receivable are to be set up as repayments receivable accounts (See Sec. F-470), are to be reported in Quarterly (or Monthly) Repayment Reports, (See Sec. F-490), and are affected by the procedures set forth in the other sections of this chapter.

Debtor - In OAS, ANB, APSB this term refers to the recipient or former recipient who has received an overpayment for which the right exists to demand repayment, except that in guardianship cases it refers to the person holding guardianship of the recipient's estate during the time the overpayment was made. In ANC, the term refers to the person or agency responsible for the child during the time the overpayment was made.
(W&IC 115, 116)

F-440 (Continued) F-440

1. If, within a reasonable time from service of a Demand for Repayment (See Sec. F-410), the repayment has not been made or a satisfactory plan for repayment submitted, the debtor shall be requested to complete and sign a non-interest bearing Agreement to Reimburse Note (see suggested Forms B and C in Form Chapter). This note may be payable in specific amounts on specific dates or it may be made payable "on demand." In the latter case and provided the amount due is $50 or more, the debtor shall also be requested to execute a Confession of Judgment (see suggested Form D in Form Chapter) with the understanding the judgment will be executed only in accordance with Sec. F-430 or if additional property becomes available.

   If a debtor has a policy of life insurance subject to cash loan or surrender values and the repayment receivable is $50 or more, he shall be requested to assign the insurance policy to the county with the understanding that the proceeds of the policy will be applied toward liquidation of the debt, and the remainder, if any, to be turned over to the beneficiary.

   All resources of the debtor shall be considered in determining whether any plan proposed by him is a satisfactory plan for repayment. For example, a debtor who has cash or other resources from which repayment can be made should not be permitted to repay in installments.

2. If the debtor is unwilling to execute a Confession of Judgment, the county shall file a suit unless investigation prescribed in Sec. F-420 has determined that the debtor does not own property from which repayment can be made either presently or in the future. Suits for amounts from $50 to and including $100 shall be filed in the small claims court. If the amount due is less than $50, the filing of a suit in small claims court is recommended, but not mandatory.

3. A Confession of Judgment given by the debtor or a judgment rendered as a result of suit shall be immediately recorded as a lien against all real property of the debtor, including such additional real property as the debtor may thereafter acquire.

(Section Continued on Next Page)

F-430 SOURCE OF REPAYMENT F-430

Repayment receivable ($2 or more) shall be demanded within the limits of the California Civil Code and the Code of Civil Procedures from any and all resources (real and personal property) of the debtor, except that repayment shall not be demanded from:

1. The current grant or income required to meet the current need.
2. Real and personal property required to meet continuing needs. These are:

   a. Real property: the home in which he lives or other property producing net income which is contributing substantially toward meeting current need.
   b. Personal property: household furniture, equipment and furnishings, personal effects, clothing, and an automobile, if such automobile has been determined to be necessary.

Repayment may be demanded, within the provisions of the probate code, from any and all real and personal property of the estate of a debtor, except that the rights of the county shall be subordinated to the rights of a surviving spouse who is a recipient of aid, if the surviving spouse executes an agreement not to transfer or encumber such property without the consent of the county.

With respect to ANC, these policies shall be observed with due consideration given to the needs of the child receiving ANC.
(W&IC 115, 116, 1506, 1560, 2007, 2140, 3006, 3075, 3405, 3460)

F-440 PLAN FOR COLLECTION OF REPAYMENTS F-440

Procedures shall be established to safeguard the moneys due the County, State, and Federal Governments as follows:

1. Establishment of adequate internal controls to prevent overpayments of aid.
2. Immediate investigation of apparent overpayments to determine if the right to request repayment exists.
3. Execution of a plan for collection prescribed by this section whenever the right to request repayment exists.
4. Periodic follow-up of all unpaid debts with a planned series of collection letters or personal visits or both and reinvestigation of the debtor's financial status not less frequently than semiannually. If circumstances justify, follow-up may well be made monthly.

The following shall form part of a plan for collection effort in all counties, unless a different plan, designed to accomplish the same objectives, has been submitted to, and approved by, the SDSW.

(Section Continued on Next Page)

F-440 (Continued) F-440

d. For debts evidenced by a promissory note or a contract in writing, the statute runs four years from due date of such written instrument.

e. On judgment liens, the statute runs five years from the date of entry of judgment or of renewal thereof.

f. On W&IC 2223 and other actions in probate proceedings, there is no specific statute. However, suit must be instituted on a statutory cause of action within one year of issuance of letters testamentary or administration.

A debt in groups a, b, or c can be extended four years by securing an Agreement to Reimburse Note (see d). Such debt can be further extended five years by securing a Confession of Judgment or judgment as a result of collection suit (see e). All debts (excepting probate actions) can generally be renewed repeatedly by appropriate legal means if action is taken prior to the running of the statute. (Reference Code of Civil Procedures, Sections 336 to 345, inclusive.)

If any debt appears to be in jeopardy because of the running of a Statute of Limitations, action shall be taken to prevent denial of the county's right to enforce collection. Collection of debts in which the statute time limit has passed shall be pursued in the same manner as other debts and all efforts shall be made to renew the statutory period. A Statute of Limitations is applicable only if successfully invoked by a debtor or his authorized agent. Closing of collection effort shall only occur if and when recovery of the debt is legally impossible because of the debtor's successful invocation of the statute.

(W&IC 115, 116, 1506, 1568, 2007, 2140, 3006, 3075, 3405, 3460)

F-450 DISCOVERY OF EXCESS PROPERTY OR INCOME SUBSEQUENT TO OAS RECIPIENT'S DEATH F-450

If, upon the death of a recipient of OAS, it is discovered that there was, or appears to have been, possession of property or income in excess of the amount allowed under the OAS law, the county shall immediately refer the case to the SDSW for appropriate action under W&IC 2223 and 2223.5.

Four completed copies of Form DFA 112, Report on Deceased Recipients, shall be submitted to the SDSW as soon as possible after the death of the

(Section Continued on Next Page)

F-440 (Continued) F-440

4. Judgments, promissory notes, assignments of insurance policies, and liens shall be renewed as necessary to insure that they will not lapse because of the running of a Statute of Limitations. (See Item 8 of this section.)

5. If the debtor is a recipient of aid and has no resources available to satisfy the debt, and a lien has been recorded against his property, foreclosure shall not be initiated until after his death, at which time the county shall file a claim against his estate.

6. A periodic check of probate records shall be made. It is recommended that this check be made continuously, but in no event shall it be made less frequently than quarterly. Any probate involving the estate of a deceased debtor as defined in Sec. F-400 shall be checked to determine if a claim for repayments receivable can be filed against the estate.

   Any probates of estates of deceased recipients of OAS which indicate that the decedent may have been possessed of property in excess of the amount authorized by law shall be investigated further to determine if action under W&IC 2223 is in order. (See Sec. F-450)

7. Other remedies contained in the California Code of Civil Procedures, except as prohibited by W&IC 1505, 2006, 3008, and 3407, may be utilized by the county to enforce collection of amounts due from debtors. These remedies include garnishment, attachment, restraining orders, and proceedings supplemental to execution.

8. Unless extended, waived, or rendered inoperative by an action of the debtor, the Statutes of Limitations in California on repayment of aid are generally as follows:

   a. For unsecured debts not arising from fraudulent action on the part of the debtor nor evidenced by a promissory note or a contract in writing, the statute runs two years from the date of the overpayment.

   b. Where the liability is created by statute, the Statute of Limitations runs three years from the date of the overpayment.

   c. Where fraud is established on the part of the debtor, the statute runs three years from the date of the discovery of the fraud.

(Section Continued on Next Page)

F-470 (Continued) F-470

5. The reason the overpayment was determined to be the result of fraudulent intent on the part of the debtor. In OAS, if there was no fraudulent intent and the overpayment was caused by factors other than income, the reason the overpayment was determined to have resulted from withholding of facts believed to be immaterial.
6. Record of any changes in the determinations included in Items 2 through 5.
7. Whether a Statement of Debtor's Resources, or equivalent, is on file.
8. A record of all repayments made stating dates and amounts.
9. Chronological record of all contacts made by letter or personal visit together with a record of:

   a. Whether Agreement to Reimburse Note or Confession of Judgment procured.
   b. All legal actions taken, judgments procured, property liens taken, and resulting attachments.
   c. In case of fraud, whether criminal action was taken and the outcome thereof.

(W&IC 115, 116, 1506, 1560, 2007, 2140, 3006, 3075, 3405, 3460)

F-480 CLASSIFICATION OF REPAYMENTS RECEIVABLE ACCOUNTS F-480

Repayments receivable accounts are classified in three groups as follows:

1. Active Accounts
2. Inactive Accounts
3. Closed Accounts

All repayments receivable shall be classified initially as Active Accounts and shall be systematically followed for collection. Such accounts may be reclassified to inactive or closed status only as follows:

1. When the debt is fully repaid, the account is to be reclassified to Closed Accounts.
2. If the debt is less than $50 and collection can not be effected through small claims court, or without resort to measures the cost of which would equal or exceed the amount of the debt, such accounts may be reclassified to Closed Accounts.
3. If the debt is discharged in bankruptcy proceedings, the account shall be reclassified to Closed Accounts.

(Section Continued on Next Page)

F-450 (Continued) F-450

recipient. The county shall include on Form DFA 112, or with it, all pertinent data including a statement of the period of ineligibility, the facts on which the determination was made, and the amount of aid paid during the period of ineligibility.

County procedures shall assure that cases in which there is possibility of recovery under W&IC 2223 are reported to the SDSW in time for the state to file a claim in the probate court within statutory time limitations.

The SDSW, in conjunction with the Attorney General, will proceed against the estate of the deceased recipient. Upon recovery from the estate, the county share of the repayment will be remitted by the SDSW to the county.
(W&IC 115, 116, 2223, 2223.5)

F-460 ERRONEOUS PAYMENTS F-460

An erroneous payment is a payment or a series of payments made for a period for which there was not a valid authorization or for which there was a valid authorization for a lesser amount than the amount paid.

Such an erroneous payment may be adjusted without county authorizing action within the current adjustment period. The right to request repayment exists for the unadjusted amount with the limitation that repayment may be required only from resources of the recipient other than the current grant or income required to meet the current need.
(W&IC 115, 116, 1504, 1560, 2024, 2181, 3007, 3082, 3406, 3471)

F-470 COUNTY REPAYMENT RECEIVABLE RECORDS F-470

There shall be maintained in each county a central Repayment Receivable Record, Form ABC 831, for each repayment case included in Item A of Sec. F-400. An equivalent record may be used if it is approved by SDSW. Repayment receivable records shall be filed by aid program in state number order or by aid program alphabetically with cross index to state number. Separate files shall be maintained for active, inactive, and closed accounts as provided in Sec. F-480.

The Repayment Receivable Record shall provide data as to:

1. The debtor's name and state number and whether currently in receipt of aid.
2. The amount of the repayment receivable.
3. The period to which the overpayment applies.
4. The reason for the overpayment.

(Section Continued on Next Page)

F-485 (Continued) F-485

In making findings with respect to erroneous repayments of aid, the county shall carefully determine if, during the period to which the repayment was applicable, ineligibility existed for some reason other than the reason on which the repayment of aid was predicted; if such ineligibility existed, no return, or a return in a smaller amount, may be in order.

Notification shall be given to the person who made a repayment of aid which is determined to have been an erroneous repayment and he shall be advised of his right to seek reimbursement.

A voluntary repayment of aid, made upon the initiative of the payer without request or suggestion on the part of the county, constitutes a gift and shall not be deemed to have been erroneous.

Persons whose claims for the return of erroneous repayments have been rejected by the county shall be informed of their right to file an appeal with the SDSW.

(W&IC 1560, 2140, 2222.7, 3075, 3460)

F-490 QUARTERLY REPAYMENT REPORT F-490

Within 30 days after the close of each calendar quarter each county shall complete and send to the central office of the SDSW a quarterly Repayment Receivable Report, Form ABC 830, in duplicate. This quarterly report shall include only those items defined as Repayments Receivable in Item A of Sec. F-400.

A quarterly Repayment Receivable Report shall be submitted for each of the following categories of aid:

1. Old Age Security
2. Aid to the Blind, including ANB and APSB
3. Aid to Needy Children, including family cases and children in boarding homes and institutions.

If preferred, individual counties may submit the repayment report on a monthly rather than a quarterly basis. If the report is submitted monthly, it shall be submitted not more than thirty days after the close of each month and shall in all other respects conform to the requirements stated in this section.

If there are no repayments receivable for any or all of the programs, a notification to that effect shall be sent in lieu of Form ABC 830.

(W&IC 115, 116, 1560, 2140, 3075, 3460)

F-480 (Continued) F-480

4. If collection of the debt is barred by successful invocation by the debtor or his agent of a Statute of Limitations (See Item 8 of Sec. F-440) such accounts shall be reclassified to Closed Accounts.

5. If the debtor is deceased and probate action is closed and there is no feasible means of recovery from heirs of the estate, the account shall be reclassified to Closed Accounts.

6. If the debt is $50 or more and the debtor is not currently possessed of resources from which the debt may be recovered, such accounts may be reclassified to inactive status provided the debt is first secured by agreement to reimburse note, confession of judgment, judgment lien, assigned insurance policies, or other security. All accounts classified in the inactive group shall be checked periodically against death records for possible recovery through action in probate proceedings or through suit against heirs of the estate. (See Sec. F-440, Item 6 and F-450)

7. Other than as provided in this section, no repayment receivable account of $50 or more shall be reclassified to closed or inactive status without prior written approval of SDSW.

(W&IC 115, 116, 1560, 2140, 3075, 3460)

F-485 ERRONEOUS REPAYMENTS F-485

An erroneous repayment is a repayment of aid which has been collected upon the mistaken assumption that an overpayment occurred for which the right existed to request repayment.

An individual who believes that he has repaid aid in error may request the return of such erroneous repayment. This request may be made at any time but shall be made in writing. The written request constitutes a claim for the return of the money erroneously repaid; the claimant need not file his request with the county auditor or county clerk since Chapter 4 of Division 3 of Title 3 of the Government Code is deemed to have no bearing on claims of this nature. Assistance shall be given by the county welfare department to individuals who wish to file a request for the return of erroneous repayments of aid.

Claims for the return of erroneous repayments shall be approved if it is found that the repayment of aid was erroneous.

(Section Continued on Next Page)

CHAPTER V

GOVERNMENTAL PARTICIPATION

F-500 (Continued) F-500

11. In ANC, the payment is for a child who is in a public institution but is not an inmate. (See Sec. C-444 of the Manual of Policies and Procedures-ANC)

(W&IC 1510, 1511, 1553, 1554, 2020, 2021, 2186, 2187, 3025, 3042, 3084, 3087, 3087.1, 3420, 3432)

F-520 FEDERAL PARTICIPATION IN AID PAYMENTS F-520

The Federal Government participates in most, but not all, of the OAS, ANB and ANC payments made to or on behalf of eligible persons in whose payments there is state participation.

In OAS and ANB there is no federal participation in:

1. Any payment made to a patient who is confined to any institution maintained for the purpose of treating persons suffering from tuberculosis or mental disease; likewise, there is no federal participation in payments made to patients cared for in other types of institutions if there is a diagnosis of tuberculosis or psychosis. (See Sec. A-930 of the Manual of Policies and Procedures-OAS and B-521 of the Manual of Policies and Procedures-AB)

2. Any payment made to a guardian who is an employee of the State Department of Mental Hygiene.

In ANC there is no federal participation in any payment made:

1. For a child over 16 years of age who is not attending school regularly. (See Secs. C-435 and C-438 of the Manual of Policies and Procedures-ANC)

2. For a caretaker who does not come within the definition of a needy relative. (See Sec. C-439 of the Manual of Policies and Procedures-ANC)

3. For a child who is not living in the home of a relative who has the required degree of relationship to the child. (See Secs. C-423 and C-426 of the Manual of Policies and Procedures-ANC)

4. For a child living in a private boarding home or in a public or private institution or hospital other than for temporary care as defined in Sec. C-426 of the Manual of Policies and Procedures-ANC.

5. To a payee who does not have the required degree of relationship to the child. (See Secs. C-429 and C-432 of the Manual of Policies and Procedures-ANC)

6. Which, in a mismanagement case, includes an amount for fewer than two budget items, is controlled, or is made in kind. (See Sec. F-360 and Sec. C-516 of the Manual of Policies and Procedures-ANC)

(Section continued on next page)

F-500 STATE PARTICIPATION IN AID PAYMENTS F-500

The State Government participates within the statutory maxima, in all OAS, ANB, APSB, and ANC payments which are properly authorized by county boards of supervisors or their duly appointed agents and are paid to or on behalf of eligible persons provided:

1. The recipient is in receipt of one categorical aid only.

2. Payment is made for a month in which the recipient is living, and only to the recipient or the authorized payee, except in certain situations involving payment for the month in which the recipient dies. (See Sec. F-310)

3. The warrant for the payment is presented for redemption to the county treasurer within six months of its date, or if a reissued warrant, within the same time limit applying to the original warrant. (See Sec. F-320)

4. The warrant is properly endorsed. (See Sec. F-310)

5. Payment is not in kind, controlled, or restricted unless the case has been determined to be an ANC mismanagement case. (See Secs. F-340, F-360, and Sec. C-516 of the Manual of Policies and Procedures-ANC)

6. New, restored, or retroactive payments or payments following suspension are made only in accordance with Secs. A-1302, A-1304, A-1316 and A-1324 of the Manual of Policies and Procedures-OAS, Secs. B-624, B-630 and B-636 of the Manual of Policies and Procedures-AB, and Secs. C-518, C-536 and C-545 of the Manual of Policies and Procedures-ANC.

7. The warrant for an initial payment is delivered during the month in which county action authorizing aid is taken, or not later in the following month than such delivery would normally be made under the county's customary fiscal procedure.

8. The payment applying to a period during which the person is confined in a public institution for temporary medical or surgical care is not made for a month subsequent to the second month following admission, or the first month following admission if admitted on the first day of the month.

9. The payment for a recipient during confinement in a public institution for custodial or correctional care is not for a month subsequent to the month in which the recipient enters the institution.

10. The payment of OAS, ANB, or APSB is for a recipient residing in a private institution under terms of a life care contract but:

    a. The institution is not carrying out its contract because of insolvency, or

    b. The life care contract does not obligate the institution to provide full support and full support is, in fact, not being provided.

(Section continued on next page)

F-520 (Continued) F-520

2. Erroneous Denial of an Application or Erroneous Discontinuance of Aid

There is federal participation in certain retroactive payments made by a county to correct its previous erroneous action. Such participation begins with the second month prior to the month in which the correcting action is taken, provided federal participation would have been available had the previous action been correct (i.e., there is no federal participation in payment for any month prior to that in which aid was improperly denied. Had the correct action been taken in the first place, the payment for such previous month would have been a retroactive initial payment in which no federal participation would have been available).

3. Aid Increased

Aid which was paid in accord with the authorized award is later found to be less than the amount to which the grantee was entitled, and the additional amount due is paid. There is federal participation in the retroactive payment provided it is authorized before the end of the second month after the month for which paid.

4. Earlier Beginning Date of Aid on an Application

The beginning date of aid originally established is not in accord with statutory requirements, and subsequent action is taken to authorize aid from an earlier date. There is federal participation in the retroactive payment provided it is authorized before the end of the second month after the month for which paid and the retroactive aid is not for a month prior to the month in which the original action was taken.

C. CORRECTION OF ERRONEOUS PAYMENTS

1. Payment Made for Less than the Authorized Award

The payment for a particular month was erroneously made for less than the authorized award, or no payment was made although there was an authorized award in effect, and the additional amount due is paid. There is federal participation if the amount due in accord with the authorized award is delivered before the end of the second month following the month for which payment is due.

2. Payment Made for More than the Authorized Award

If payment for a particular month was more than the authorized award, there is federal participation only if the excess payment is deducted from the payment for either of the two months following the month in which overpayment was made. No change in the authorized award should be made to correct the overpayment.

(Section continued on next page)

F-520 (Continued) F-520

In APSB, there is no federal participation.

The following are additional circumstances which govern federal participation:

A. INITIAL PAYMENTS ON NEW APPLICATIONS, REAPPLICATIONS AND RESTORATIONS

The first payments made on new applications, reapplications and restorations are initial payments. If the investigation of eligibility has extended beyond the period specified in W&IC Sec. 1550, 2183, or 3082, the initial payment may represent payment for more than one month. There is no federal participation in retroactive initial payments except as provided in Item B of this section. There is federal participation beginning with the payment for the month in which the aid is granted if the warrant for the month is delivered in the same month, or not later in the following month than the time when such payment would normally be issued under the county's customary fiscal procedure.

Exceptions:

1. In OAS and ANB there is no federal participation in the first payment delivered to an applicant who remains in a public institution for the full month for which the warrant was paid. (See Sec. A-920 of the Manual of Policies and Procedures-OAS and B-512 of the Manual of Policies and Procedures-AB)

2. In OAS, there is no federal participation in aid which is paid "conditionally" on the basis of "presumptive eligibility." Conditional aid can be paid only following discontinuance of OAS because of employment. If the county completes its investigation and determines eligibility within two months after the month in which the county acted to restore aid conditionally, federal participation in the payments shall be claimed retroactively. Such retroactive federal participation shall be claimed on the basis of the grant as determined by the completed investigation. (See Sec. A-284 of the Manual of Policies and Procedures-OAS)

B. RETROACTIVE AID

Retroactive aid means aid paid in a subsequent month for some preceding month or months.

1. Appeals

Federal participation is available beginning with the payment for the second month prior to the month in which the appeal was signed, excluding any month within this period which was prior to the month in which aid was improperly denied or withheld. The foregoing applies to payments made to carry out an appeal decision by the SSWB, or to adjust an appeal which has been filed but not yet heard or submitted to the SSWB for decision.

(Section continued on next page)

F-550 (Continued) F-550

1. County Institutional Subvention for medical, hospital, or infirmary care provided by the county in a county institution to former recipients of OAS and ANB.

2. Adoption Cost of Care Subvention for the cost of care of children relinquished to a county adoption agency for placement.

3. Transportation of needy children.

The rules governing payment of these subventions are set forth in detail in Chapter IX.

(W&IC 2140, 2160.7, 3044.1, 3075; CC225q)

F-520 (Continued) F-520

D. DELAYED PAYMENTS

Under each of the following circumstances, federal participation is available in delayed payments provided they are made before the end of the second month following the month for which payment is due.

1. Returned Warrants Due to Change of Address

Warrants returned to the auditor's office because of change of address shall be transmitted to the new address promptly but not later than the above specified time limit.

2. Payment of Suspended Aid

Warrants are released following suspension of payment while investigation is made. (See Sec. A-1324 of the Manual of Policies and Procedures-OAS, Sec. B-636 of the Manual of Policies and Procedures-AB, and Sec. C-536 of the Manual of Policies and Procedures-ANC)

3. Change in Payee

Aid is continuous and delay occurs because of change in payee.

4. Transfer of Aid

The second county, in a transfer case, fails to begin aid on the due date and pays retroactive aid from that date.

(W&IC 1553, 1560, 2140, 2183.9, 2186, 3075, 3087; FSA)

F-530 GOVERNMENTAL PARTICIPATION IN ADMINISTRATIVE EXPENDITURES F-530

The Federal Government and the State Government through the SDSW reimburse county governments for certain expenditures incurred by them in administration of the welfare programs. Certain expenditures found necessary for proper and efficient administration of the OAS, ANB, and ANC programs are matchable fifty percent from federal funds. There are specific rules limiting the expenditures which are reimbursable, the manner in which they shall be apportioned to the programs, the types of records and accounts to be maintained in support of claims and the audits required.

The counties are reimbursed in varying amounts for costs of administering the Licensing and Inspection of Boarding Homes for Aged and Children program, the Adoption program, and the Child Welfare Services program.

The specific rules governing allocation of expenditures to month and to program, claiming from the state, audit, and adjustment are set forth in detail in Chapter VIII.

(W&IC 1553, 1622, 2186, 2302, 3087; FSA; CC225q)

F-550 STATE SUBVENTIONS TO COUNTIES F-550

There are three types of subventions paid by the state to the counties:

(Section continued on next page)

F-560 (Continued) F-560

Aid to Needy Blind

PERIOD COVERED	MAXIMUM GRANT	MAXIMUM FEDERAL BASIS	RATIO OF PARTICIPATION		
			FEDERAL SHARE	STATE SHARE	COUNTY SHARE
7/1/50 thru	$85	$50	1/2 up to $50, plus $5	3/4 of Remainder	1/4 of Remainder
1/1/49 thru 6/30/50	85	50	1/2 up to $50, plus $5	Remainder	None
10/1/48 thru 12/31/48	80	50	1/2 up to $50, plus $5	3/4 of Remainder	1/4 of Remainder
10/1/47 thru 9/30/48	75	45	1/2 up to $45, plus $2.50	3/4 of Remainder	1/4 of Remainder
3/1/47 thru 9/30/47	65	45	1/2 up to $45, plus $2.50	1/2 of Remainder	1/2 of Remainder
10/1/46 thru 2/28/47	60	45	1/2 up to $45, plus $2.50	1/2 of Remainder	1/2 of Remainder
9/15/45 thru 9/30/46	60	40	1/2 up to $40	1/2 of Remainder	1/2 of Remainder
1/1/40 thru 9/14/45	50	40	1/2 up to $40	1/2 of Remainder	1/2 of Remainder
7/1/36 thru 12/31/39	50	30	1/2 up to $30	1/2 of Remainder	1/2 of Remainder
8/14/29 thru 6/30/36	50	0	None	1/2 of Grant	1/2 of Grant

Regular cases (Code R) - Shares are computed according to the chart.

Non-federal cases (Code X) - The state and county participate in the total amount of the grant up to the maximum grant according to their respective ratios.

Non-county cases (Code N) - The state pays the remainder of the grant after deducting the federal share.

Non-county, non-federal cases (Code S) - The state pays the total amount of the grant.

(Section continued on next page)

F-560 CHARTS OF FINANCIAL PARTICIPATION IN GRANTS OF AID F-560

Old Age Security

PERIOD COVERED	MAXIMUM GRANT	MAXIMUM FEDERAL BASIS	RATIO OF PARTICIPATION		
			FEDERAL SHARE	STATE SHARE	COUNTY SHARE
7/1/50 thru	$75	$50	1/2 up to $50, plus $5	6/7 of Remainder	1/7 of Remainder
1/1/49 thru 6/30/50	75	50	1/2 up to $50, plus $5	Remainder	None
10/1/48 thru 12/31/48	65	50	1/2 up to $50, plus $5	6/7 of Remainder	1/7 of Remainder
8/1/47 thru 9/30/48	60	45	1/2 up to $45, plus $2.50	6/7 of Remainder	1/7 of Remainder
10/1/46 thru 7/31/47	55	45	1/2 up to $45, plus $2.50	5/6 of Remainder	1/6 of Remainder
7/1/43 thru 9/30/46	50	40	1/2 up to $40	5/6 of Remainder	1/6 of Remainder
1/1/40 thru 6/30/43	40	40	1/2 up to $40	1/2 of Remainder	1/2 of Remainder
4/1/36 thru 12/31/39	35	30	1/2 up to $30	1/2 of Remainder	1/2 of Remainder
9/15/35 thru 3/31/36	35	0	None	1/2 of Grant	1/2 of Grant
1/1/30 thru 9/14/35	30	0	None	1/2 of Grant	1/2 of Grant

Regular cases (Code R) - Shares are computed according to the chart.

Non-federal cases (Code X) - The state and county participate in the total amount of the grant up to the maximum grant according to their respective ratios.

Non-county, non-federal cases (Code S) - The state pays the total amount of the grant.

Non-county cases (Code N) - The state pays the remainder of the grant after deducting the federal share.

(Section continued on next page)

F-560 (Continued) F-560

Aid to Needy Children (Voucher)

PERIOD COVERED	MAXIMUM STATE BASIS*		MAXIMUM FEDERAL BASIS	RATIO OF PARTICIPATION		
	REGULAR CASES	NON-FEDERAL CASES		FEDERAL SHARE	STATE SHARE	COUNTY SHARE
10/1/51 thru	1 child $105 2 children 153 3 children 195 4 children 231 5 children 261 6 children 285 7 children 303 8 children 315 9 children 321 plus $3 for each additional ANC child in family budget unit, not to exceed maximum of $339.	Same as Regular Cases	$27 for needy relative, $27 for first ANC child, $18 for each additional ANC child in family budget unit.	½ up to maximum federal basis, plus $3 for needy relative and $3 for each child.	2/3 of remainder	1/3 of remainder
10/1/50 thru 9/30/51	$16.50 for needy relative, $88.50 for first ANC child, $48 for each additional ANC child in family budget unit.	$72 for first ANC child, $36 for each additional ANC child in family budget unit.	$27 for needy relative, $27 for first ANC child, $18 for each additional ANC child in family budget unit.	½ up to maximum federal basis plus $3 for needy relative and $3 for each child.	2/3 of remainder	1/3 of remainder
10/1/48 thru 9/30/50	$88.50 for first ANC child, $48 for each additional ANC child in family budget unit.	$72 for first ANC child, $36 for each additional ANC child in family budget unit.	$27 for first ANC child, $18 for each additional ANC child in family budget unit.	½ up to maximum federal basis plus $3 for each child.	2/3 of remainder	1/3 of remainder
10/1/47 thru 9/30/48	$85.50 for first ANC child, $45 for each additional ANC child in family budget unit.	$72 for first ANC child, $36 for each additional ANC child in family budget unit.	$24 for first ANC child, $15 for each additional ANC child in family budget unit.	½ up to maximum federal basis plus $1.50 for each child.	2/3 of remainder	1/3 of remainder
10/1/46 thru 9/30/47	$36 for first ANC child, $31.50 for each additional ANC child in family budget unit.	$22.50 for each child.	$24 for first ANC child, $15 for each additional ANC child in family budget unit.	½ up to maximum federal basis plus $1.50 for each child.	2/3 of remainder	1/3 of remainder
1/1/40 thru 9/30/46	$31.50 for first ANC child, $28.50 for each additional ANC child in family budget unit.	$22.50 for each child.	$18 for first ANC child, $12 for each additional ANC child in family budget unit.	½ up to maximum federal basis.	2/3 of remainder	1/3 of remainder
10/1/39 thru 12/31/39	$28.50 for first ANC child, $26.50 for each additional ANC child in family budget unit.	$22.50 for each child.	$18 for first ANC child. $12 for each additional ANC child in family budget unit.	1/3 up to maximum federal basis.	2/3 of remainder	1/3 of remainder
7/1/36 thru 9/30/39	$20 for each ANC child in family budget unit.	$20 for each child.	$18 for first ANC child, $12 for each additional ANC child in family budget unit.	1/3 up to maximum federal basis.	1/2 of remainder	1/2 of remainder
Prior to 7/1/36	None.	$10 for each child.	None	None.	Total grant	None

*Any amount paid over the maximum state basis is county supplemental aid.

Regular Cases (Code R) - Federal, state, and county shares are computed according to the chart. Exclude county supplemental aid.

Non-federal Cases (Code X) - The state and county participate in the total amount of the grant (excluding county supplemental aid) according to their respective ratios.

Non-county Cases (Code N) - The state pays the remainder of the grant (excluding county supplemental aid) after deducting the federal share.

Non-county, non-federal Cases (Code S) - The state pays the total amount of the grant (excluding county supplemental aid).

(Section Continued on Next Page)

F-560 (Continued) F-560

Aid to Partially Self-supporting Blind Residents

PERIOD COVERED	MAXIMUM GRANT	RATIO OF PARTICIPATION*	
		STATE SHARE	COUNTY SHARE
2/1/49 thru	$85	5/6 of Grant	1/6 of Grant
10/1/47 thru 1/31/49	75	5/6 of Grant	1/6 of Grant
3/1/47 thru 9/30/47	65	1/2 of Grant	1/2 of Grant
9/15/45 thru 2/28/47	60	1/2 of Grant	1/2 of Grant
7/1/41 thru 9/14/45	50	1/2 of Grant	1/2 of Grant

*There are no Regular (Code R) or Non-county (Code N) cases as there is no federal participation in APSB.

Non-federal cases (Code X) - State and county shares are computed according to the chart.

Non-county, non-federal cases (Code S) - The state pays the total amount of the grant.

(Section Continued on Next Page)

F-570 CALCULATION OF GOVERNMENTAL SHARES IN AID PAYMENTS F-570

The following detail for federal, state, and county sharing in individual cases is provided for informational purposes only. In claiming, the participating shares are not computed for individual cases but in totals only for each monthly claim.

A. FEDERAL SHARE

In OAS and ANB, the maximum basis for federal participation in the current formula period beginning October 1, 1948, is $50. The maximum federal share is $30. (For prior federal formulae periods see Sec. F-560.) The formula for computing the federal share in individual OAS and ANB grants is: 1/2 the amount paid, not counting excess over $50, plus $5.

Example A - OAS grant $75 or ANB grant $85
Computation of federal share: (1/2 x $50) plus $5 = $30.00

Example B - OAS or ANB grant $17
Computation of federal share: (1/2 x $17) plus $5 = 13.50

Example C - OAS or ANB grant $4
Computation of federal share: (1/2 x $4) plus $5 = 7.00

In ANC, when determining the maximum basis on which the federal share is computed, the total grant to a family budget unit is considered. In the current formula period beginning October 1, 1950, (see Sec. F-560 for prior periods) the maximum federal basis in each family budget unit is $27 for one child plus $18 for each additional child, plus $27 for one needy eligible relative.

If there is one eligible child in a family budget unit and no needy eligible relative, the maximum basis for federal participation is $27. If there is a needy eligible relative and one eligible child in the family budget unit, the maximum basis for federal participation is $54. If there are two eligible children in the family budget unit and no needy eligible relative, the maximum basis for federal participation is $45. If there is a needy eligible relative and two eligible children in the family budget unit, the maximum basis for federal participation is $72, etc.

The formula for computing the federal share is: 1/2 the amount paid, not counting excess over $27 for a needy eligible relative, $27 for one child, and $18 for each additional eligible child in the family budget unit, plus $3 for each such eligible person.

Example D - One eligible child - grant $105, federal basis $27
Computation of federal share: (1/2 x $27) plus (1 person x $3) = $16.50

(Section Continued on Next Page)

F-560 (Continued) F-560

Aid to Needy Children (Boarding Homes and Institutions)

PERIOD COVERED	MAXIMUM STATE BASIS*	RATIO OF PARTICIPATION	
		STATE SHARE	COUNTY SHARE
10/1/51 thru	$60 for each child.	2/3 of grant	1/3 of grant
10/1/47 thru 9/30/51	$72 for first child in a boarding home, $36 for each additional child in the boarding home, $36 for each child in an institution.	2/3 of grant	1/3 of grant
10/1/39 thru 9/30/47	$22.50 for each child.	2/3 of grant	1/3 of grant
7/1/36 thru 9/30/39	$20 for each child.	1/2 of grant	1/2 of grant
Prior to 7/1/36	$10 for each child.	Total amount of grant	None

*Any amount paid over the maximum state basis is county supplemental aid.

There are no Regular (Code R) or Non-county (Code N) cases as there is no federal participation in ANC payments made to children in boarding homes or institutions.

Non-federal cases (Code X) - State and county shares are computed according to the chart. Exclude county supplemental aid.

Non-county, non-federal cases (Code S) - The state pays the total amount of the grant (excluding county supplemental aid).

(W&IC 1510, 1511, 1553, 1554, 2020, 2021, 2186, 2187, 3025, 3042, 3084, 3087, 3087.1, 3420, 3432, 3472, 3480; FSA)

F-570 (Continued) F-570

Example L - APSB grant	$ 85.00
State share 5/6	70.83
County share 1/6	14.17

In ANC regular cases, within the state maximums, the state share is 2/3 and the county share 1/3 after deducting the federal share.

Example M - ANC grant (excluding county supplemental)	$153.00
Federal share (See Example G)	45.00
	$108.00
State share 2/3	72.00
County share 1/3	36.00

In OAS, ANB, and ANC cases having the required county residence but not eligible for federal participation (Non-federal cases), the state and county participate in the full grant (within the state maximums) in the ratios indicated above.

In OAS, ANB, and ANC cases eligible for federal participation but not having county residence (Non-county cases), the state pays the full grant (within the state maximums) after deducting the federal share.

In OAS, ANB, and ANC cases ineligible for federal participation not having county residence and in all APSB cases not having county residence (Non-county-Non-federal cases), the state pays the full amount of the grant (within the state maximums).

(W&IC 1510, 1511, 1553, 1554, 2020, 2021, 2186, 2187, 3075, 3042, 3084, 3087, 3087.1, 3420, 3432, 3472, 3480; FSA)

F-570 (Continued) F-570

Example E - Eligible relative and one eligible child - grant $105, federal basis $54 ($27 for relative, $27 for child)
Computation of federal share: (1/2 x $54) plus (2 persons x $3) = $93.00

Example F - Two eligible children, no eligible relative - grant $153, federal basis $45 ($27 for first child and $18 for second child)
Computation of federal share: (1/2 x $45 plus (2 persons x $3) = $28.50

Example G - Eligible relative and two eligible children - grant $153, federal basis $72 ($27 for relative, $27 for first child, $18 for second child)
Computation of federal share: (1/2 x $72) plus (3 persons x $3) = $45.00

Example H - Three eligible children, no eligible relative - grant $50, federal basis $50 (federal basis can not exceed the amount of the grant)
Computation of federal share: (1/2 x $50) plus (3 persons x $3) = $34.00

Example I - Eligible relative and three eligible children - grant $15, federal basis $15
Computation of federal share: (1/2 x $15) plus (4 persons x $3) = $19.50

B. STATE AND COUNTY SHARES

In OAS regular cases the state share is 6/7 and the county share 1/7 of the aid paid after deducting the federal share.

Example J - OAS grant	$ 75.00
Less federal share	30.00
	$ 45.00
State share 6/7	38.57
County share 1/7	6.43

In ANB regular cases the state share is 3/4 and the county share 1/4 of the aid paid after deducting the federal share.

Example K - ANB grant	$ 85.00
Less federal share	30.00
	$ 55.00
State share 3/4	41.25
County share 1/4	13.75

In APSB cases with county residence the state share is 5/6 and the county share 1/6 of the aid paid. There is no federal participation in APSB.

(Section Continued on Next Page)

CHAPTER VI

ESTIMATES AND ADVANCES

Except where specifically stated otherwise, all sections of this chapter apply to OAS, ANB, APSB, and ANC.

F-630 SUBMISSION OF QUARTERLY ESTIMATES F-630

Two copies of each Estimate of Quarterly Expenditures, Forms, Ag, Bl, APSB, CA 809, shall be mailed to the SDSW, 616 K Street, Sacramento 14, in time to be received not later than as follows:

Quarter Covered by Estimate of Quarterly Expenditures	Due Date
January 1 through March 31	October 15
April 1 through June 30	January 15
July 1 through September 30	April 15
October 1 through December 31	July 15

It is imperative that the estimates be received on or before the due date in order that requests for federal funds for OAS, ANB, and ANC may be forwarded to the FSA on schedule. If any county is late in submitting its estimates, the request for federal funds for the entire state may be delayed. (W&IC 1560, 2140, 3075, 3460)

F-640 INSTRUCTIONS FOR PREPARATION OF QUARTERLY ESTIMATES F-640

The following instructions for compiling Forms Ag, Bl, APSB, CA 809 are combined because of the similarity of reports.

In the APSB program the Federal Government does not share in either aid or administration.

Children living in boarding homes or institutions (ANC cash claims) shall not be included on the ANC Estimate of Quarterly Expenditures, Form CA 809. The children ineligible for federal participation to be reported on this form shall include only those children for whom ANC is claimed in the Voucher Claim. (See Sec. F-700

(Section Continued on Next Page)

F-600 QUARTERLY ESTIMATES OF EXPENDITURES F-600

Each county shall submit an Estimate of Quarterly Expenditures, Forms Ag, Bl, APSB, CA 809, so that a determination can be made of the amounts of federal, state, and county moneys necessary for the payment of OAS, ANB, APSB, and ANC for a given period. These county estimates are the basis of the SDSW report to the FSA on estimated expenditures and the funds needed for the programs in which the Federal Government participates.

State and federal funds are forwarded to the counties by the State Controller monthly in advance. Except for correction of mathematical inaccuracies, advances are generally in the amounts requested on each Estimate of Quarterly Expenditures, Forms Ag, Bl, APSB, CA 809, after adjustment by the SDSW for the differences between the estimates and the claims for the second prior quarterly period. (W&IC 1555, 1560, 2140, 2188, 3075, 3087.2, 3460, 3481)

F-610 QUARTERLY ADJUSTMENT OF FUNDS F-610

After approval of the estimates for aid and administration for a particular quarter, the SDSW computes the difference between the actual and estimated expenditures of federal and state funds for that quarter. If an estimate for the quarter exceeds the expenditures, the difference is deducted from the first monthly advance covering the estimate for the second subsequent quarter. If an estimate is less than the actual expenditure, the difference is added to the first monthly advance covering the estimate for the second subsequent quarter. If an adjustment requires a deduction greater than the first monthly advance, the balance is applied to reduce, in succession, the two remaining monthly advances in the quarter until the total deduction has been effected. If the amount to be deducted is greater than the estimate for the entire quarter, the county is requested to forward to the SDSW a county warrant payable to the SDSW for the balance which can not be adjusted within the quarterly period. (W&IC 1555, 2188, 3087.2, 3481)

F-640 (Continued) F-640

The monthly amounts may be estimated by an increase of four recipients each month, or the total of all three months (345) may be divided equally.

	First Month	Second Month	Third Month
Number of Recipients	111	115	119
or			
Number of Recipients	115	115	115

ANC - Items 1, 2, 3, 4, and 5

The same procedure suggested for OAS, ANB, and APSB may be followed to estimate Item 1, Number of Children Eligible for Federal Participation, Item 2, Number of Needy Relatives Eligible for Federal Participation, and Item 4, Number of Children Not Eligible for Federal Participation. Item 3 on Form CA 809 is the sum of Items 1 and 2; Item 5 is the sum of Items 3 and 4.

B. AVERAGE PAYMENT

In estimating the average payment, which shall not include county supplementation (Item 2, Forms Ag, Bl 809 and Item 6, Form CA 809), the number of recipients and the amount of expenditures for the latest three month period may be used. For example, when preparing the OAS estimate for the January - March quarter, determine the average amount paid to OAS recipients for the combined months of July, August, and September.

Month	Number of Recipients	Total Aid Paid
July	4,133	$293,443.60
August	4,188	297,348.71
September	4,199	298,184.10
Total	12,520	Total $888,976.41

$888,976.41 ÷ 12,520 = $71 = Average payment

For ANC the estimated average payment (Item 6) is the average for all children and eligible needy relatives shown in Item 5.

(Section Continued on Next Page)

F-640 (Continued) F-640

A. TOTAL NUMBER OF RECIPIENTS

The estimated number of recipients should be as accurate as possible. The estimate shall be based on existing laws and trends, and allowance shall be made accordingly for the anticipated increase or decrease in caseload.

The following is an example of a method which may be used to estimate the total number of recipients:

OAS, ANB, APSB - Item 1

In preparing estimates for the January - March Quarter, the number of recipients for the months of June, July, August, and September may be used to determine the caseload trend.

Month	Number of Recipients	Net Increases
June	83	
July	87	4
August	92	5
September	95	3
	Total	12
Average Monthly Increase		4
Total cases on aid during September		95
Add: Average monthly increase of 4 cases per month		
Estimated number to receive aid for October		99
Estimated number to receive aid for November		103
Estimated number to receive aid for December		107
Estimated number to receive aid for January		111
Estimated number to receive aid for February		115
Estimated number to receive aid for March		119

(Section Continued on Next Page)

F-640 (Continued) F-640

Example:

Month	Total Aid Paid	Amount of Excess
July	$378,291.26	$115,076.28
August	378,126.11	115,030.96
September	379,000.62	115,291.00
Total	$1,135,417.99	$345,398.24

$345,398.24 ÷ $1,135,417.99 = 30.42%

If the estimated total aid for the first month were $418,900, the aid in excess of $50 per recipient would be $418,900 x .3042 or $127,429.38.

E. FEDERAL PARTICIPATION BASE

OAS, ANB - Item 5

The entry for Item 5, Federal Participation Base, is the difference between total aid (Item 3) and aid in excess of $50 per recipient (Item 4).

Example:	OAS	ANB
Total Aid (Item 3, first month)	$418,900	$18,860
Excess (Item 4)	127,429	7,360
Federal Participation Basis (Item 5)	$291,471	$11,500

ANC - Item 9

The Federal Government participates in ANC payments up to $27 for one child, $18 for each additional eligible child in the same family budget unit, and $27 for each eligible needy relative.

(Section Continued on Next Page)

F-640 (Continued) F-640

C. TOTAL AID

OAS and ANB - Item 3, APSB - Item 2

The estimated total aid is equal to the total number of recipients multiplied by the estimated average payment.

ANC - Item 7

The estimated total aid is the estimated total of all children and eligible needy relatives (Item 5) multiplied by the estimated average payment (Item 6).

ANC - Item 8, Aid to Children Ineligible for Federal Participation

The aid not subject to federal participation (Item 8) may be estimated as follows: multiply the number of children not eligible for federal participation (Item 4) by the estimated average payment. Item 8 shall not include aid to eligible children in excess of the federal matching base.

D. OAS AND ANB IN EXCESS OF $50

The maximum basis for federal participation in OAS and ANB is $50 for each federally eligible recipient. The amount of aid in excess of $50 is the "excess" (Item 4, Forms Ag, Bl 809). For the purpose of the quarterly estimate, all OAS and ANB recipients may be considered federally eligible.

In estimating the amount in excess of federal participation (Item 4), expenditures for the latest three month period may be used to determine what percentage of the total aid paid was in excess of $50 per recipient.

(Section Continued on Next Page)

F-640 (Continued) F-640

For OAS and ANB, Item 8, Federal Funds for Administration, is one-half of the amount reported in Item 6, Total Administrative Expenditures.

For ANC, Item 14, Federal Funds for Administration, is one-half of the amount reported in Item 10, Administration Subject to Federal Matching.

G. FEDERAL FUNDS FOR AID

The short formula for determining the federal share of OAS, ANB, and ANC grants for each recipient is stated in Sec. F-570.

OAS, ANB - Item 7

To determine the estimated federal funds for aid (Item 7) multiply the number of recipients (Item 1) by $5 and add to that product one-half of the federal participating base (Item 5). The amount of federal funds for aid can not exceed $30 times the estimated total number of recipients shown in Item 1.

Example:

$5 x Item 1	=	$5 x 5,900	=	$ 29,500.00
1/2 of Item 5	=	$291,471 ÷ 2	=	145,735.50
		Item 7	=	$175,235.50

ANC - Item 13

To determine the estimated federal funds for aid (Item 13), multiply the total eligible children and needy relatives (Item 3) by $3 and add to that product one-half of the federal participation base (Item 9).

Example:

$3 x Item 3	=	$3 x 1,530	=	$ 4,590
1/2 of Item 9	=	$35,208 ÷ 2	=	17,604
Item 13	=			$22,194

H. TOTAL FEDERAL FUNDS ESTIMATED

For OAS and ANB, Item 9, Total Federal Funds Estimated, is the sum of Item 7, Federal Funds for Aid, and Item 8, Federal Funds for Administration.

For ANC, Item 15, Total Federal Funds Estimated, is the sum of Item 13, Federal Funds for Aid, and Item 14, Federal Funds for Administration. (W&IC 1560, 2140, 3075, 3460)

F-640 (Continued) F-640

Information from the latest report on Form CA 237-FG, Monthly Statistical Report on ANC, may be used in estimating the federal participating base. If 43% of the children were "first" children in the family budget unit, the federal participating base for this group can not exceed 43% of the product of $27 times the number of eligible children (Item 1). The federal participating base for the remainder of the eligible children (57% of Item 1) can not exceed the product of $18 times the number of eligible children. The federal participating base for eligible needy relatives (Item 2) is computed at $27 each.

Example:	First Month
Item 1, Number of Children Eligible for Federal Participation	1,190
Item 2, Number of Needy Relatives Eligible for Federal Participation	340
Item 3, Total Eligible Children and Needy Relatives	1,530

If there were, for example, 1,190 eligible children in 512 family units, the number of first children constitutes 43% of the number of children and the number of additional children constitutes the remainder or 57%. The federal participating base is computed as follows:

First children	43% of 1,190 x $27	=	$13,824
Additional children	57% of 1,190 x $18	=	12,204
Needy relatives	340 x $27	=	9,180
Total federal participating base (Item 9)		=	$35,208

F. FEDERAL FUNDS FOR ADMINISTRATION

The Administrative Expenditures Worksheets, Form DFA 64, should be used as a guide in estimating the amount of administrative expenditures.

For OAS and ANB (Forms Ag, Bl 809) enter the estimated total administrative expenditures under Item 6. For ANC (Form CA 809) enter the estimated expenditures subject to federal matching under Item 10 and the estimated expenditures not subject to federal matching under Item 11. Item 12 is the total of the amounts in Items 10 and 11.

(Section Continued on Next Page)

F-670 CERTIFICATION OF COUNTY FUNDS F-670

Before federal advances are made to the state, the Federal Government requires certification that county shares of aid and administrative expenditures have been appropriated or made available. The certification of availability of county funds shall be made by the county auditor.

The county's share of aid or administration is the balance of the total aid and administration after deducting the portions to be paid by the Federal and State Governments.

Example - OAS - Aid

Total Aid (Item 3) for quarter	$1,267,350.00
Less Federal Funds for Aid (Item 7) for quarter	$ 530,161.50
	$ 737,188.50
Less State Funds for Aid (Item 10) for quarter	$ 631,875.86
Balance to be available from county funds for aid for quarter	$ 105,312.64

Example - OAS - Administration

Total Administrative Expenditures (Item 6) for quarter	$ 42,000.00
Less Federal Funds for Administration (Item 8) for quarter	$ 21,000.00
Balance to be available from county funds for administration for quarter	$ 21,000.00

Example - ANC - Aid

Total Aid (Item 7) for quarter	$ 210,270.00
Less Federal Funds for Aid (Item 13) for quarter	70,204.50
	$ 140,065.50
Less State Funds for Aid (Item 16) for quarter	$ 93,377.00
Balance to be available from county funds for aid for quarter	$ 46,688.50

(Section Continued on Next Page)

F-660 STATE FUNDS FOR AID F-660

OAS - Item 10

For OAS, Item 10, State Funds for Aid, is six-sevenths of the difference between total aid (Item 3) and the amount to be paid by the Federal Government (Item 7).

Example:

Total Aid (Item 3)		$418,900.00
Less Federal Funds for Aid (Item 7)	=	175,235.50
Difference		$243,664.50
State Share (Item 10) = 6/7 of $243,664.50	=	$208,855.29

ANB - Item 10

For ANB, Item 10, State Funds for Aid, is three-fourths of the difference between total aid (Item 3) and the amount to be paid by the Federal Government (Item 7).

Example:

Total Aid (Item 3)		$ 18,860.00
Less Federal Funds for Aid (Item 7)	=	6,900.00
Difference		11,960.00
State Share (Item 10) = 3/4 of $11,960.00	=	$ 8,970.00

APSB - Item 3

For APSB, Item 3, State Share, is five-sixths of total aid (Item 2).

Example:

Total Aid (Item 2)	$ 1,700.00
State Share (Item 3) = 5/6 of $1,700.00	1,416.67

ANC - Item 16

For ANC, Item 16, State Funds for Aid, is two-thirds of the difference between total aid (Item 7) and the amount to be paid by the Federal Government (Item 13).

Example:

Total Aid (Item 7)		$ 66,650.00
Less Federal Funds for Aid (Item 13)	=	22,194.00
Difference		44,456.00
State Share (Item 16) = 2/3 of $44,456.00	=	$ 29,637.33

(W&IC 1554, 1560, 2140, 2187, 3075, 3087.1, 3460, 3480)

F-690 STATEMENT OF CASH ADVANCES F-690

A statement of cash advances for each program is forwarded to each county in advance of each quarter.

The statement shows the monthly estimated amounts of federal and state funds approved by the SDSW, the increases or decreases to be made on the advances for each month, and the amounts of federal and state money which the county will receive for each month. It also shows the computation used by the SDSW in determining the adjustments made on the current advances for previous under- or over-estimation.

The county financial records should be reconciled to the Statement of Cash Advances to ascertain that the state and county records are in agreement. Any differences should be cleared with the SDSW immediately. Any discrepancy between the warrant amounts and the amounts shown on the statements of cash advances, any non-receipt of funds, or any delay that may prevent timely mailing of warrants to recipients, should be called to the attention of the SDSW promptly.

(W&IC 1560, 2140, 3075, 3460)

F-670 (Continued) F-670

Example - ANC - Administration

Total Administration (Item 12) for quarter	$ 17,100.00
Less Federal Funds for Administration (Item 14) for quarter	$ 8,400.00
Balance to be available from county funds for administration for quarter	$ 8,700.00

Since there is a limited time for the SDSW to audit the Estimates of Quarterly Expenditures (Forms Ag, B1, CA 809), it is imperative that the estimates, as submitted, be complete. If the signature of the chairman of the board of supervisors can not be obtained in time for the estimates to reach the SDSW by the due date (see Sec. F-630), the duplicate copy of each estimate shall be mailed immediately without the chairman's signature and, as soon as the signature is obtained, the original shall be submitted to SDSW. Every effort shall be made to obtain all signatures immediately, since the request for federal funds can not be submitted by the SDSW to the FSA until all county reports are complete.

(W&IC 1560, 2140, 3075)

CHAPTER VII

CLAIMS FOR CATEGORICAL AID PAYMENTS

Except where specifically stated otherwise, all sections of this chapter apply to OAS, ANB, APSB, and ANC.

F-710 (Continued) F-710

for the current formula period. The totals are transferred to the certification form.

C. RECONCILIATION STATEMENT, FORM ABC 820

This form, required in triplicate, is prepared from batch voucher controls as provided in Sec. F-240 and is to be signed by the welfare director or county auditor depending upon which office maintains the reconciliation controls and prepares the statement.

D. AID PAYROLLS AND CONTRA ROLLS, FORMS AB, CA 801 AND CA 801-BHI

These forms are required in original only or legible first copy. Those retained in the county (see Sec. F-210) shall be exact duplicates. The information provided for on the SDSW prescribed payroll and contra roll forms is the minimum information required. Any special county forms shall contain all of the information required by the state forms and shall not be used by a county prior to specific written approval of the SDSW.

E. SCHEDULE OF REPAYMENTS, FORM ABC 803

This form, required in original only, is used for reporting repayments of aid applying to federal formula periods prior to October 1, 1948.

F. REPORT OF REPAYMENT, FORM ABC 808

This form, required in original only, provides for computation of the distribution of individual repayments of aid according to governmental sharing formulas. Its detail supports the contra roll for repayments in the current formula period or the schedule of repayments for prior formula periods and voluntary repayments for all periods. All pertinent data for which provision is made on the form shall be provided for each individual repayment.

G. SCHEDULE OF ADJUSTMENTS, FORMS AB, CA 816

These forms, required in original only, are used by the county to effect the necessary corrections in the current claim or in claims for prior months. The form is also used by the SDSW in making state adjustments of county claims for prior months.

(W&IC 116, 1556, 1556.5, 1560, 2140, 2189, 3075, 3087.3, 3460, 3482)

F-700 TYPES OF AID CLAIMS F-700

Governmental participation in aid payments made by the counties in the categorical aid programs is allowed by the state on the basis of claims filed by each county. Claims are filed monthly with the SDSW and are classified according to type as follows:

A. VOUCHER CLAIMS

Voucher claims, upon approval by the SDSW, are applied as credits against the monthly advances made to the counties on the basis of quarterly estimates and include the following:

1. Old Age Security
2. Aid to Needy Blind
3. Aid to Partially Self-supporting Blind Residents
4. Aid to Needy Children (excluding children in boarding homes and institutions)

B. CASH CLAIMS

Cash claims for ANC in Boarding Homes and Institutions, upon approval by the SDSW, are certified to the State Controller for payment to the county by state warrant. These claims include all payments for children who are placed in boarding homes or institutions.

(W&IC 116, 1556, 1556.5, 2189, 3087.3, 3482; FSA)

F-710 FORMS USED IN AID CLAIMS F-710

Monthly claims for categorical aid payments are prepared on the following forms:

A. CERTIFICATION, FORMS AG, BL, CA 800

These forms are required in triplicate and provide the certification of county officials upon which claims are approved for payment or credited against advances. They shall be signed by the county welfare director and the county auditor or auditor-controller.

B. CLAIM SUMMARY SHEET, FORMS AB, CA 802

These forms are required in triplicate and summarize claims for individual items detailed on the aid payrolls, contra rolls, and schedules

(Section Continued on Next Page)

F-730 CLAIMING OF AID PAYMENTS F-730

A. CLAIMS FOR CURRENT MONTH PAYMENTS

County payments of categorical aid shall be listed in state number order on aid payrolls, Forms AB 801, CA 801, and CA 801 BHI, except that BHI cases (cash claim) may, at the option of the county, be listed alphabetically by payee. The payments being claimed shall be listed in separate payroll sections according to whether they are included in the continuing roll, current supplemental rolls, or rolls for payments applicable to prior months. In rolls applicable to prior months, cases shall be grouped in state number order by month.

On all payrolls, the following information shall be provided in the appropriate headings and columns:

1. The name of the county filing the claim.

2. The month and the year of the claim.

3. The type of roll, i.e., payroll, cancelation contra roll, or repayment contra roll.

4. State numbers in numerical order (optional for BHI cash claims).

5. In OAS, ANB, and APSB payrolls and contra rolls the payee's name exactly as it appears in the signature on the application. If county mechanical equipment makes it advisable, the given initials only need by shown. If a guardian of the estate has been appointed, both the name of the guardian and the name of the recipient shall appear on the aid payroll. In ANC, the name of the payee shall be shown exactly as it appears on the latest authorization document. In ANC voucher claims, the names of the children need not be shown. In ANC-BHI the name of each child as well as the payee shall be shown.

6. In OAS and ANB the warrant amount and the excess over the federal matching base. In APSB, the warrant amount. In ANC, the persons count in each case for individuals eligible and ineligible for federal participation segregated as to needy eligible relative, eligible children and ineligible children; the warrant amount including any county supplemental aid; and the state and federal bases amounts. In ANC-BHI, the number of children, the warrant amount including any county supplemental aid, and the state basis amount segregated into columns according to county residence. In ANC-BHI, the amounts paid and basis amounts shall not be shown in total for each case but shall be segregated individually for each child in the case.

(Section Continued on Next Page)

F-720 TYPES OF CASES ACCORDING TO GOVERNMENTAL PARTICIPATION F-720

The status of each item claimed or reported on the payrolls, contra rolls, and schedules in respect to governmental participation is indicated in the following manner:

A. REGULAR CASES

These are cases in which the required period of county residence has been attained and federal eligibility requirements have been met. The Federal, State,and County Governments participate in payments for these cases on a regular formula basis. The code symbol for regular cases is the letter "R".

B. NON-COUNTY CASES

These are cases in which the required period of county residence has not been attained, but for which the federal eligibility requirements have been met. Only the State and Federal Governments participate in payments for these cases. The code symbol for non-county cases is the letter "N".

C. NON-FEDERAL CASES

These are cases in which the required period of county residence has been attained, but for which federal eligibility requirements have not been met. Only the State and County Governments participate in payments for these cases. The code symbol for non-federal cases is the letter "X".

D. NON-COUNTY NON-FEDERAL CASES

These are cases in which the required period of county residence has not been attained and for which federal eligibility requirements have not been met. Only the State Government participates in payments for these cases. The code symbol for non-county non-federal cases is the letter "S".

On aid payrolls, contra rolls, and schedules the participation status of each case shall be clearly indicated. It is not necessary in claims for OAS and ANB to indicate regular cases by the code letter "R" since all cases not coded are understood to be regular cases. "N", "X", and "S" cases are to be individually coded in OAS and ANB unless such cases are grouped on the rolls separately and specifically identified. APSB claims are understood to be "X" cases except for those coded "S". In ANC family cases (voucher claims) regular cases and non-federal cases are not required to be specifically coded since the persons count in Column 3 indicates the participation status. "N" and "S" cases are required to be specifically coded unless such cases are grouped on the rolls separately and specifically identified. In ANC-BHI cases (cash claims) no coding for individual cases is required since the participation status is indicated by the basis figures shown in the appropriate columns.

(W&IC 116, 1556, 1556.5, 2140, 2189, 3007.3, 3482)

F-730 (Continued) F-730

EXAMPLE - A FAMILY BUDGET UNIT CONSISTS OF THREE CHILDREN AND A NEEDY ELIGIBLE RELATIVE. ONE CHILD DOES NOT HAVE ONE YEAR OF COUNTY RESIDENCE. THE GRANT IS $160 FOR THE FOUR PERSONS. ONE FOURTH, $40, IS ALLOCATED TO THE CHILD WITHOUT COUNTY RESIDENCE, AND THREE-FOURTHS, $120, TO THE OTHER THREE PERSONS.

b. If, by using the method prescribed in a, the amount allocated to persons having regular status is less than the maximum amount in which the federal government participates, the federal maximum basis (including $27 for a first child and $27 for an eligible relative) is allocated to the persons having regular status. The balance is allocated to the child or children not having county residence.

EXAMPLE - A FAMILY BUDGET UNIT CONSISTS OF FIVE CHILDREN AND A NEEDY ELIGIBLE RELATIVE. THREE OF THE CHILDREN HAVE REGULAR STATUS. TWO CHILDREN HAVE NO COUNTY RESIDENCE. THE TOTAL GRANT FOR THE FAMILY IS $122. OF THIS GRANT $90 (THE FEDERAL BASIS FOR 3 ELIGIBLE CHILDREN AND A NEEDY ELIGIBLE RELATIVE) IS ALLOCATED TO THE 4 PERSONS HAVING REGULAR STATUS. THE BALANCE OF $32 IS ALLOCATED TO THE TWO CHILDREN HAVING NO COUNTY RESIDENCE.

2. BHI Aid Payrolls, Form CA 801-BHI

BHI Aid Payrolls do not include children eligible for federal participation.

The basis for state participation is $60 or the amount of the charge for care for each individual child, whichever is the lesser. Payments for care of children made to an institution, a boarding home, a probation officer, or an agency to which the children are committed by the court shall be listed separately for each child on the payroll in Column 4, Warrant Amount, regardless of whether the payment is made to the payee in one warrant for all the children in the boarding home, or institution, or whether separate warrants are issued for each child in the boarding home or institution. In no case shall the state basis exceed the amount paid for the care of each individual child.

The basis for state participation shall be shown opposite each child's name on the payroll in either Column 5A, Non-Federal cases, or Column 5B, Non-County-Non-Federal cases, as follows:

a. Amounts for children having one or more years of county residence shall be entered in Column 5A.

b. Amounts for children who do not have one year of county residence shall be entered in Column 5B.

(Section Continued on Next Page)

F-730 (Continued) F-730

7. The warrant numbers and dates. If all warrant numbers in a given roll carry the same date, the date may be indicated at the beginning of the roll rather than individually for each warrant.

8. Each page in a payroll section shall be numbered consecutively and shall carry individual totals by page for each column. In addition to the column totals, the numbers of persons by participation status shall be totaled at the foot of each page. Page totals shall be added and footed on the last page of each payroll section.

B. CLAIMS FOR PRIOR MONTHS

Payments for prior months shall be grouped on the payroll according to month. Numbering and totaling of prior months payrolls shall be done as described above for current month payrolls.

C. CLAIMS FOR SUPPLEMENTAL PAYMENTS

Since some of the warrants covering supplemental payments for current or prior months do not have persons counts, it is necessary for proper participation claiming to distinguish between such payments. Therefore, on current or prior month supplemental payrolls a method shall be used to distinguish between cases which involve persons count and those which do not. Counties have the option of indicating opposite each case in the remarks column all increases not involving persons count by the abbreviation "INCR" or of indicating ANC increases involving persons count and all whole payments by use of the abbreviation "PERS". If preferred, "INCR" payments may be grouped together and labeled as "increases only". Remaining items will represent whole payments or ANC increases having persons counts. Whatever the system adopted in the individual county, that system shall be used consistently throughout each monthly claim and from month to month.

D. BASIS FOR STATE PARTICIPATION - ANC

1. Voucher Aid Payrolls, Form CA 801

The basis for state participation is the amount shown on the chart in Sec. F-560 or the warrant amount, whichever is the lesser. If all of the ANC children in a family budget unit do not have a common status with respect to county residence and no separate authorization is made for the child or children who do not have one year of county residence, the basis for state participation is allocated as follows:

a. The state basis shall be divided proportionately among the ANC persons, unless federal participation is affected as stated in b.

(Section Continued on Next Page)

F-730 (Continued) F-730

EXAMPLE A - IF 20 DAYS AID AT THE RATE OF $65 IN A 30 DAY MONTH, OR $43.33, IS PAID TO AN OAS RECIPIENT, $43.33 IS THE BASIS FOR STATE AND FEDERAL PARTICIPATION.

EXAMPLE B - IF 25 DAYS AID AT THE RATE OF $80 IN A 30 DAY MONTH, OR $66.67, IS PAID TO AN ANB RECIPIENT, $66.67 IS THE BASIS FOR STATE PARTICIPATION AND $50 IS THE BASIS FOR FEDERAL PARTICIPATION.

EXAMPLE C - IF 17 DAYS AID AT THE RATE OF $75 IN A 30 DAY MONTH, OR $42.50, IS PAID TO AN APSB RECIPIENT, $42.50 IS THE BASIS FOR STATE PARTICIPATION.

EXAMPLE D - IF 15 DAYS AID AT THE RATE OF $75 IN A 31 DAY MONTH, OR $36.29, IS PAID FOR A CHILD IN A BOARDING HOME, $36.29 IS THE BASIS FOR STATE PARTICIPATION.

EXAMPLE E - IF 25 DAYS AID AT THE RATE OF $150 IN A 31 DAY MONTH, OR $120.97, IS PAID FOR ONE CHILD INELIGIBLE FOR FEDERAL PARTICIPATION, $105 IS THE BASIS FOR STATE PARTICIPATION.

EXAMPLE F - IF 10 DAYS AID AT THE RATE OF $95 IN A 31 DAY MONTH, $30.65, IS PAID FOR THREE CHILDREN ELIGIBLE FOR FEDERAL, $30.65 IS THE BASIS FOR BOTH STATE AND FEDERAL PARTICIPATION.

EXAMPLE G - IF 17 DAYS AID AT THE RATE OF $100 IN A 31 DAY MONTH, OR $54.84, IS PAID FOR THREE CHILDREN, TWO OF WHOM ARE ELIGIBLE FOR FEDERAL, $54.84 IS THE STATE BASIS AND $45 IS THE FEDERAL BASIS.

3. Computation of ANC Payments and Basis for State Participation in Transfers Between the Home of a Relative and a Boarding Home or Institution.

If a child is moved from the home of a relative to a boarding home or institution (or vice versa) during a month, ANC shall be computed and claimed as follows:

a. If an amount equaling or exceeding the maximum state basis is paid in advance to the relative for the full month, or if an amount paid in advance or during the month to the relative for a partial month equals or exceeds the maximum allowable for a full month, a full month's aid is allowed on the voucher claim. No state basis is claimed on the BHI cash claim for that month.

(Section Continued on Next Page)

F-730 (Continued) F-730

E. NON-COUNTY OR NON-COUNTY NON-FEDERAL CASES

In cases which have been receiving aid on a non-county or non-county non-federal basis, and county residence of one year is acquired during a month (six months for ANB and APSB recipients who became blind while residents of the state), the county shall assume its share of the aid beginning with the following month. If the required county residence is completed on the first day of a month, the county shall assume its share of the aid beginning with the first day of the month.

EXAMPLE A - THE RESIDENCE OF AN AGED PERSON OR A CHILD WAS ESTABLISHED ON JANUARY 15. OAS OR ANC IS GRANTED TO BEGIN ON JUNE 1 ON A NON-COUNTY BASIS. ONE YEAR OF COUNTY RESIDENCE IS ACQUIRED ON JANUARY 15 OF THE NEXT YEAR. REIMBURSEMENT IS CLAIMED ON A NON-COUNTY BASIS FOR THE FULL MONTH OF JANUARY, THE COUNTY ASSUMING ITS SHARE OF THE AID BEGINNING FEBRUARY 1.

EXAMPLE B - A PERSON WHO BECAME BLIND WHILE A RESIDENT OF THE STATE MOVES TO THE COUNTY WITH INTENT TO RESIDE ON JANUARY 1. ANB IS GRANTED TO BEGIN ON APRIL 1 ON A NON-COUNTY BASIS. SIX MONTHS OF COUNTY RESIDENCE IS ACQUIRED ON JULY 1, AND THE COUNTY ASSUMES ITS SHARE OF THE AID ON JULY 1.

F. PAYMENTS FOR PARTIAL MONTHS

1. Computation of Total Amount

In computation of a grant for a partial month, the rate of aid per day is computed on the basis of the actual number of days in the particular month involved including the beginning day of aid and the day of discontinuance.

EXAMPLE A - OAS IN THE AMOUNT OF $75 A MONTH BEGINS ON NOVEMBER 4. AID FOR 27 DAYS IS PAID (27/30 x $75), MAKING A TOTAL PAYMENT OF $67.50.

EXAMPLE B - ANC-BHI IN THE AMOUNT OF $60 A MONTH IS PAID THROUGH FEBRUARY 24 DURING A 29 DAY MONTH. AID FOR 24 DAYS (24/29 x $60), RESULTS IN A TOTAL PAYMENT OF $49.66.

2. Bases for State and Federal Participation

If a partial month's claim is made, the bases for both state and federal participation are the actual amount of aid paid, the basis amounts not to exceed the maximum for a full month. Federal and state participation maxima are not prorated.

(Section Continued on Next Page)

F-730 (Continued) F-730

AMOUNT OF $40 (16/31 x $77.50). THE TOTAL AMOUNT OF $67.50 PAID TO THE MOTHER IS SHOWN ON THE VOUCHER CLAIM AS THE BASIS FOR STATE PARTICIPATION. ONLY $37.50 STATE BASIS ($105 MAXIMUM STATE BASIS LESS $67.50 ALLOWED ON THE VOUCHER CLAIM) MAY BE CLAIMED ON THE BHI CLAIM.

EXAMPLE E – TRANSFER FROM RELATIVE TO BHI. PARTIAL MONTH PAID TO RELATIVE IN ADVANCE – LESS THAN MAXIMUM. A CHILD LIVING WITH THE MOTHER IS RECEIVING AID IN THE AMOUNT OF $66 A MONTH. ON JANUARY 6 THE CHILD IS MOVED TO A BOARDING HOME AND THE GRANT IS DECREASED TO $60. THIS CHANGE IS KNOWN IN ADVANCE AND ON JANUARY 1 A WARRANT IS ISSUED TO THE MOTHER FOR 5 DAYS AID IN THE AMOUNT OF $10.65 (5/31 x $66). AT THE END OF THE MONTH A WARRANT IS ISSUED TO THE BOARDING HOME FOR 26 DAYS AID IN THE AMOUNT OF $50.32 (26/31 x $60). THE TOTAL AMOUNT OF $10.65 PAID TO THE MOTHER IS SHOWN ON THE VOUCHER CLAIM AS THE BASIS FOR STATE PARTICIPATION. THE TOTAL AMOUNT OF $50.32 PAID TO THE BOARDING HOME IS SHOWN ON THE BHI CLAIM AS THE BASIS FOR STATE PARTICIPATION, SINCE THE TOTAL OF THE TWO PAYMENTS DOES NOT EXCEED THE MAXIMUM OF $105 FOR THE FAMILY BUDGET UNIT, AND THE AMOUNT PAID TO THE BOARDING HOME IS WITHIN THE BHI MAXIMUM OF $60.

EXAMPLE F – TRANSFER FROM BHI TO RELATIVE. PARTIAL MONTH PAID TO RELATIVE LESS THAN THE MAXIMUM. PARTIAL MONTH PAID TO BHI OVER MAXIMUM. A CHILD IS LIVING IN A BOARDING HOME WHERE AID IS BEING PAID AT THE RATE OF $84 A MONTH. ON JANUARY 26 THE CHILD IS MOVED TO HIS MOTHER'S HOME WHERE AID IS GRANTED IN THE AMOUNT OF $95.50 A MONTH EFFECTIVE JANUARY 26. TWO WARRANTS ARE ISSUED, ONE TO THE BOARDING HOME FOR 25 DAYS AID IN THE AMOUNT OF $67.74 (25/31 x $84) AND ONE TO THE MOTHER FOR 6 DAYS AID IN THE AMOUNT OF $18.48 (6/31 x $95.50). THE TOTAL AMOUNT OF THE PAYMENT OF $18.48 MADE TO THE MOTHER IS SHOWN ON THE VOUCHER CLAIM AS THE BASIS FOR STATE PARTICIPATION. ONLY $60 STATE BASIS MAY BE CLAIMED ON THE BHI CLAIM, SINCE THE WARRANT AMOUNT OF $67.74 EXCEEDS THE BHI MAXIMUM OF $60.

4. Computation of ANC Claim When an Additional Child Becomes Eligible for Aid During the Month.

Federal participation for the full month is allowed for an additional child of a family receiving ANC for whom aid is approved to begin during the month, if such child meets all federal requirements of eligibility.

(Section Continued on Next Page)

F-730 (Continued) F-730

EXAMPLE A - MAXIMUM FOR FULL MONTH PAID IN ADVANCE TO RELATIVE. A CHILD IS LIVING WITH HIS MOTHER AND THE MONTHLY ANC PAYMENT OF $105 IS PAID TO THE MOTHER ON JANUARY 1. ON JANUARY 25, THE CHILD IS PLACED IN A BOARDING HOME. THE STATE BASIS IS CLAIMED ONLY ON A VOUCHER CLAIM IN THE MAXIMUM AMOUNT OF $105.

EXAMPLE B - MAXIMUM FOR PARTIAL MONTH PAID IN ADVANCE TO RELATIVE. A CHILD LIVING WITH HIS MOTHER AND RECEIVING AID AT THE RATE OF $124 A MONTH IS TO BE PLACED IN A BOARDING HOME ON JANUARY 29. THE CHANGE IS KNOWN IN ADVANCE AND ON JANUARY 1 THE MOTHER IS PAID FOR 28 DAYS IN THE AMOUNT OF $112 (28/31 X $124). THE STATE BASIS IS CLAIMED ONLY ON THE VOUCHER CLAIM IN THE MAXIMUM AMOUNT OF $105.

EXAMPLE C - TRANSFER FROM BHI TO RELATIVE DURING MONTH. RELATIVE PAID MAXIMUM FOR PARTIAL MONTH. A CHILD LIVING IN A BOARDING HOME IS MOVED ON JANUARY 4 TO HIS MOTHER'S HOME, WHERE AID IS GRANTED IN THE AMOUNT OF $124 A MONTH FROM JANUARY 4. THE MOTHER IS PAID FOR 28 DAYS IN THE AMOUNT OF $112 (28/31 X $124). THE STATE BASIS IS CLAIMED ON THE VOUCHER CLAIM ONLY IN THE MAXIMUM AMOUNT OF $105.

b. If less than the maximum state basis is paid in advance to the relative for the full month, or if less than the maximum is paid in advance or during the month for a partial month and a payment is also made to a boarding home, the claiming of the maximum reimbursement of state funds is divided between the voucher and BHI claims. The voucher claim should show the total amount paid to the relative and the regular bases for federal (if eligible for federal) and state participation for the full month, not to exceed the amount actually paid. The BHI claim should show the warrant amount paid to the boarding home or institution; however, the basis for state participation should be only in an amount necessary to effect the maximum state reimbursement in both payments for the month, not to exceed the amount actually paid. If such transfers occur, the maximum state basis for family budget units applies (Sec. F-560), except that the basis for state participation on the BHI claim for the partial month shall not exceed $60.

EXAMPLE D - TRANSFER FROM RELATIVE TO BHI. FULL MONTH PAID IN ADVANCE TO RELATIVE LESS THAN MAXIMUM. A CHILD LIVING WITH THE MOTHER IS RECEIVING AID IN THE AMOUNT OF $67.50 A MONTH. ON JANUARY 16 THE CHILD IS MOVED TO A BOARDING HOME AND THE PAYMENT IS INCREASED TO $77.50. ON JANUARY 1 A WARRANT IS ISSUED TO THE MOTHER FOR THE FULL MONTH IN THE AMOUNT OF $67.50. AT THE END OF THE MONTH A WARRANT IS ISSUED TO THE BOARDING HOME FOR 16 DAYS AID IN THE

(Section Continued on Next Page)

F-730 (Continued) F-730

2. All of the Children in a Household are in the Care and Control of One Person or the Aid for All of the Children in the Household is Paid to One Person.

Federal participation is allowed on the basis of the amount paid up to maxima of $27 for the needy eligible relative, $27 for only one eligible child, and $18 for each additional eligible child in the household.

H. ANC MISMANAGEMENT CASES

1. Payrolls and Contra Rolls

Amounts claimed for ANC payments in mismanagement cases shall be listed on payrolls (and credits for such payments on contra payrolls) separately from other ANC cases in the claim and labeled accordingly. Amounts for each case paid by warrant(s) shall be listed by warrant number and amount. Amounts allotted from the monthly authorization for payments in kind shall be indicated as such on the claim by the designation "in kind" in lieu of the warrant number. Thus, the full monthly assistance authorization for each mismanagement case will be claimed each month. Each separate warrant issued and the total amount allotted for payment in kind shall be shown and coded in the warrant amount column as to the type of mismanagement payment, i.e., "U" unrestricted payment, "C" controlled payment, and "K" payment in kind. "In kind" payments and controlled warrants shall be claimed as non-federal or non-county non-federal, depending on whether there is county residence. Participation codes are indicated on the payrolls and brought forward to the Claim Summary Sheet in the same manner as for the regular payroll.

2. Adjustment of Unexpended Balances

Any unexpended balance not encumbered by outstanding vendor orders or not required for unmet needs of the children shall be reported as a credit to state and county funds in the same manner in which other repayments of aid are reported.

I. REPORTING OF RETURN OF ERRONEOUS REPAYMENTS

If an erroneous repayment has already been reported on a claim to the SDSW and such erroneous repayment is returned to the person, the county shall report the return on a current claim in the same manner as payments for prior months are reported or, if the county fiscal procedure requires it, as a credit item on the contra rolls for repayments.

(Section Continued on Next Page)

F-730 (Continued) F-730

EXAMPLE A - TWO CHILDREN ELIGIBLE FOR FEDERAL PARTICIPATION (RELATIVE NOT NEEDY) ARE RECEIVING AID AT THE RATE OF $100 ON JANUARY 1. AID IS APPROVED TO BEGIN ON JANUARY 14 FOR AN ADDITIONAL CHILD OF THE SAME FAMILY WHO IS ALSO ELIGIBLE FOR FEDERAL PARTICIPATION. AID CONTINUES AT THE RATE OF $100 AND THE BASIS FOR FEDERAL PARTICIPATION FOR THE THREE CHILDREN IS $63.

EXAMPLE B - TWO CHILDREN ELIGIBLE FOR FEDERAL PARTICIPATION (RELATIVE NOT NEEDY) ARE RECEIVING AID IN THE AMOUNT OF $155 ($153 BASIS FOR STATE PARTICIPATION AND $2 COUNTY SUPPLEMENTAL AID). AN ADDITIONAL CHILD BECOMES ELIGIBLE FOR ANC ON JANUARY 13, AND IS ALSO ELIGIBLE FOR FEDERAL PARTICIPATION. THE BASIS FOR STATE PARTICIPATION IS INCREASED TO $155 AND ANC IS CONTINUED AT THAT RATE. ONE WARRANT IN THE AMOUNT OF $155 IS ISSUED. THE BASIS FOR STATE PARTICIPATION FOR THE MONTH OF JANUARY IS $155 AND THE FEDERAL BASIS IS $63.

EXAMPLE C - TWO CHILDREN ELIGIBLE FOR FEDERAL PARTICIPATION (RELATIVE NOT NEEDY) ARE RECEIVING ANC IN THE AMOUNT OF $100 ON JANUARY 1. THE FAMILY GRANT IS INCREASED TO $120 ON JANUARY 14, WHEN AID IS APPROVED TO BEGIN FOR AN ADDITIONAL CHILD OF THE FAMILY, WHO IS ALSO ELIGIBLE FOR FEDERAL PARTICIPATION. THE METHOD OF ARRIVING AT THE TOTAL PAYMENT FOR THE MONTH IS AS FOLLOWS:

13 DAYS @ $100	$41.93
18 DAYS @ $120	69.68
TOTAL BASIS FOR STATE PARTICIPATION	$111.61

ON THE FIRST OF THE MONTH, ONE WARRANT IS DRAWN IN THE AMOUNT OF $100 FOR THE FIRST TWO CHILDREN AND IN THE MIDDLE OF THE MONTH, A SUPPLEMENTAL WARRANT IN THE AMOUNT OF $11.61 IS ISSUED TO COVER THE INCREASE FOR THE THIRD CHILD. THE BASIS FOR FEDERAL PARTICIPATION IS $45 IN THE FIRST WARRANT OF $100 ISSUED FOR THE FIRST TWO CHILDREN AND $18 IN THE SUPPLEMENTAL WARRANT FOR $11.61 ISSUED FOR THE ADDITIONAL CHILD, OR A TOTAL OF $63 FOR THE THREE CHILDREN.

G. TWO OR MORE ANC FAMILY BUDGET UNITS IN ONE HOUSEHOLD

1. Two or More Family Budget Units in the Same Household and There is a Different Payee for Each Family Budget Unit.

Federal participation is available on the basis of the amount paid up to maxima of $27 for each needy eligible relative, $27 for one eligible child in each family budget unit, and $18 for each of the additional eligible children in each family budget unit.

(Section Continued on Next Page)

F-750 REPORTING OF REPAYMENTS F-750

A. ALLOCATION OF REPAYMENTS TO MONTHS

1. Repayments Receivable and in Lieu Repayments

All repayments received which are repayments receivable and in lieu repayments (see Sec. F-400) shall be allocated to the month or months during which the overpayment occurred. The amount repaid may represent either total or partial repayment for the month(s) involved. Partial repayments shall be allocated to the earliestmonth of the period until the overpayment for that month is entirely repaid. Subsequent repayments are allocated in the same manner to successive months thereafter.

2. Voluntary Repayments

If a person making a voluntary repayment (see Sec. F-400) specifies the period to which he wishes the repayment allocated, it shall be so allocated, provided he has no legal obligation to repay any aid paid him. In the absence of such specification, the amount of the voluntary repayment shall be allocated to the most recent months during which aid was paid.

B. DISTRIBUTION OF REPAYMENTS

The distribution of repayments as to participating bases and shares is computed on Form ABC 808, Report of Repayment, as follows:

1. Repayments Receivable and In Lieu Repayments

Repayments receivable and in lieu repayments (see Sec. F-400) to be reported are applied as grant adjustments to individual months in the overpayment period, beginning with the first month and applying to subsequent months in succession. The entries on Form ABC 808 on Line B "As Claimed" and on Line C "Less: Adjusted claim after this repayment" are computed in the same manner as aid payments are claimed. The entries on Line D "Distribution of repayment" including persons count, are computed by subtracting the entries on Line C from the entries on Line B. The federal, state, and county shares of repayments applicable to periods in the current federal formula period (beginning October 1, 1948) are not shown on Form ABC 808 in Columns 4, 5, 6, and 7 since the participating shares are computed on a total basis on the claim summary sheet for all elements of the monthly claim. Thus only Items 1, 2, 3, and 8 shall be completed for repayments

(Section Continued on Next Page)

F-730 (Continued) F-730

If the erroneous repayment was not previously reported on a claim to the SDSW, the return of the erroneous repayment shall not be reported, but all pertinent facts regarding the return shall be incorporated into the case record.

J. HELD OR SUSPENDED AID WARRANTS

An aid warrant once drawn is considered to have been expended, even though held or suspended, until it has been definitely canceled. Therefore, such warrants even though held or suspended shall be claimed in the same manner as other aid warrants delivered in the month in which drawn. If a held or suspended warrant is later canceled, the cancelation shall be reported on the claim for the month in which canceled.

(W&IC 116, 1510, 1511, 1512, 1552.2, 1552.3, 1553, 1554, 1556, 1556.5, 1559, 1560, 2020, 2021, 2140, 2183, 2186, 2187, 2189, 2200, 2222.7, 3025, 3075, 3084, 3087.1, 3087.3, 3420, 3432, 3460, 3472, 3480, 3482; FSA)

F-740 REPORTING OF WARRANT CANCELATIONS F-740

A. CURRENT CANCELATIONS

Current cancelations are defined as warrants canceled in the current month which were issued during the current month for the current month or for some prior month(s). Such items shall be reported on the claim for the month in which issued and canceled. Current warrant cancelations shall be listed in state number order by month and shall be reported on a contra-roll exactly as claimed on the payroll.

B. PRIOR CANCELATIONS

Prior warrant cancelations are defined as warrants canceled in the current month which were issued and claimed in some prior month(s). Prior cancelations shall be reported by month in state number order on contra rolls exactly as originally claimed, or as corrected by SDSW audit.

(W&IC 116, 1559, 1560, 2140, 2189, 3075, 3087.3, 3460, 3482; FSA)

F-750 (Continued) F-750

EXAMPLE B - A RECIPIENT OF ANB (FEDERALLY ELIGIBLE) RECEIVING PAYMENT OF $85 WAS OVERPAID $75 A MONTH FOR MARCH AND APRIL 1952. THE OVERPAYMENT OF $150 WAS NOT REPORTED FOR SEVERAL MONTHS. $100 IS REPAID AS THE FIRST INSTALLMENT. A FORM ABC 808 IS PREPARED AS FOLLOWS:

	TOTAL AMOUNT (1)	FEDERAL EXCESS (3)	FED. ELIG. PERSONS COUNT (8)
A. FOR MONTH OF MARCH 1952			
B. AS CLAIMED - REGULAR	$ 85.00	$ 35.00	1
C. LESS: ADJUSTED CLAIM AFTER THIS REPAYMENT	10.00	-0-	1
D. DISTRIBUTION OF REPAYMENT	$ 75.00	$ 35.00	-0-
A. FOR MONTH OF APRIL 1952			
B. AS CLAIMED - REGULAR	$ 85.00	$ 35.00	1
C. LESS: ADJUSTED CLAIM AFTER THIS REPAYMENT	60.00	10.00	1
D. DISTRIBUTION OF REPAYMENT	$ 25.00	$ 25.00	-0-
F. TOTAL REPAYMENT	$100.00	$ 60.00	-0-

AT A LATER DATE THE RECIPIENT REPAYS $50, THE REMAINING AMOUNT OF THE OVERPAYMENT. ANOTHER FORM ABC 808 IS PREPARED AS FOLLOWS:

A. FOR MONTH OF APRIL 1952			
B. AS CLAIMED (AFTER PRIOR REPAYMENT) - REGULAR	$ 60.00	$ 10.00	1
C. ADJUSTED CLAIM AFTER THIS REPAYMENT	10.00	-0-	1
D. DISTRIBUTION OF REPAYMENT	$ 50.00	$ 10.00	-0-

(Section Continued on Next Page)

F-750 (Continued) F-750

applicable to the current formula period. For repayments applicable to prior formula periods, all columns of Form ABC 808 shall be completed since the individual shares on each repayment are listed on Form ABC 803, Schedule of Repayments, from which the totals are transferred to the appropriate lines and columns of the claim certification.

a. Lump Sum Repayments

If a repayment is equal to the total amount of the overpayment, the distribution is computed on a "claimed-less-adjusted-claim" basis.

EXAMPLE A - AN OAS RECIPIENT (FEDERALLY ELIGIBLE) WAS PAID $75 DURING THE MONTH OF JUNE 1952. IT WAS LATER DETERMINED THAT THE GRANT SHOULD HAVE BEEN $25. $50, THE TOTAL AMOUNT OF THE OVERPAYMENT, WAS REPAID. A FORM ABC 808 IS PREPARED AS FOLLOWS:

	TOTAL AMOUNT (1)	FEDERAL EXCESS (3)	FED. ELIG. PERSONS COUNT (8)
A. FOR MONTH OF JUNE 1952			
B. AS CLAIMED - REGULAR	$75.00	$25.00	1
C. LESS: ADJUSTED CLAIM AFTER THIS REPAYMENT	25.00	-0-	1
D. DISTRIBUTION OF REPAYMENT	$50.00	$25.00	-0-

b. Installment Repayments

If repayment is made in installments, the first installment shall be applied to the earliest month(s) of the period during which the overpayment occurred. The remaining installments shall be applied to subsequent months of the overpayment period in succession. The distribution on Form ABC 808 (Line D) is determined in the same manner as explained above by computing the difference between the respective shares of the payment before and after application of the installment. Beginning with the second installment, Line B "As Claimed" on Form ABC 808 is the same as Line C "Less: Adjusted Claim After This Repayment" of the previous repayment report in the installment series.

(Section Continued on Next Page)

F-750 (Continued) F-750

The principle illustrated in Example C for OAS also applies to a repayment in similar circumstances of any of the categorical aids.

In ANC-BHI cases, repayments must be applied to each individual child in the same manner in which payments are claimed.

EXAMPLE D - AN ANC-BHI CASE, CONSISTING OF TWO CHILDREN, RECEIVED $72 FOR ONE CHILD AND $48 FOR THE SECOND FOR THE MONTH OF MAY 1948. A DELINQUENT CONTRIBUTION WAS RECEIVED FROM THE FATHER, $7.50 FOR EACH CHILD. THE DISTRIBUTION ON FORM ABC 808 IS COMPUTED AS FOLLOWS:

	Total Amount (1)	State Basis (2)	State Share (5)	County Share (6)	County Supp. Aid (7)
A. For month of May 1948					
B. As Claimed 1st child (non federal)	$72.00	$72.00	$48.00	$24.00	-0-
C. Less: Adjusted Claim After this repayment	64.50	64.50	43.00	21.50	-0-
D. Distribution of Repayment	$ 7.50	$ 7.50	$ 5.00	$ 2.50	-0-
A. For month of May 1948					
B. As Claimed 2nd child (non federal)	$48.00	$36.00	$24.00	$12.00	$12.00
C. Less: Adjusted Claim After this repayment	40.50	36.00	24.00	12.00	4.50
D. Distribution of Repayment	$ 7.50	$ -0-	$ -0-	$ -0-	$ 7.50
F. Total Repayment	$15.00	$ 7.50	$ 5.00	$ 2.50	$ 7.50

d. Current Adjustment Period, Discontinuances and Repayments

In an instance in which both a repayment and a current adjustment period discontinuance are utilized to adjust for an overpayment, the amount discontinued shall be applied prior to the amount repaid.

(Section Continued on Next Page)

F-750 (Continued) F-750

c. Repayments Including County General Relief or ANC Supplemental Aid

The distribution is computed on a "claimed-less-adjusted-claim" basis as in the following examples:

EXAMPLE C - AN OAS RECIPIENT (FEDERALLY ELIGIBLE) RECEIVED $60 A MONTH FOR MARCH AND APRIL 1948 (PRIOR FORMULA PERIOD). BECAUSE OF SPECIAL NEEDS, THE COUNTY PAID TO HIM FROM ITS GENERAL RELIEF FUNDS AN ADDITIONAL $40 A MONTH. IN EACH OF THESE MONTHS HE RECEIVED INCOME OF $75, RESULTING IN A TOTAL OVERPAYMENT OF $150 WHICH HE REPORTED TO THE COUNTY SEVERAL MONTHS LATER. $105 WAS REPAID. SINCE THIS REPAYMENT APPLIES TO A PRIOR FORMULA PERIOD, THE INDIVIDUAL SHARES ARE COMPUTED ON FORM ABC 808 AS FOLLOWS:

	Total Amount (1)	Federal Excess (3)	Federal Share (4)	State Share (5)	County Share (6)	County Supp. Aid (7)	Fed. Elig. Persons County (8)
A. FOR MONTH OF MARCH 1948							
B. PAID-REGULAR	$100.00	$15.00	$25.00	$30.00	$5.00	$40.00	1
C. LESS: ADJUSTED PAYMENT AFTER THIS REPAYMENT	25.00	-0-	15.00	8.57	1.43	-0-	1
D. DISTRIBUTION OF REPAYMENT	$ 75.00	$15.00	$10.00	$21.43	$3.57	$40.00	-0-
A. FOR MONTH OF APRIL 1948							
B. PAID-REGULAR	100.00	15.00	25.00	30.00	5.00	40.00	1
C. LESS: ADJUSTED PAYMENT AFTER THIS REPAYMENT	70.00	15.00	25.00	30.00	5.00	10.00	1
D. DISTRIBUTION OF REPAYMENT	$ 30.00	$ -0-	$ -0-	$ -0-	$-0-	$30.00	-0-
F. TOTAL REPAYMENT	$105.00	$15.00	$10.00	$21.43	$3.57	$70.00	-0-

(Section Continued on Next Page)

F-750 (Continued) F-750

THE SHARES ARE COMPUTED AS FOLLOWS:

	TOTAL AMOUNT (1)	FEDERAL SHARE (4)	STATE SHARE (5)	COUNTY SHARE (6)
A. FOR PERIOD 9/47 THROUGH 2/48				
B. AS CLAIMED (TOTAL PAID)	$360.00	$150.00	$180.00	$30.00
C. RATIOS	100%	41 2/3%	50%	8 1/3%
D. DISTRIBUTION OF REPAYMENT	$110.00	$ 45.83	$ 55.00	$ 9.17

If county supplemental ANC is involved in a voluntary repayment of ANC, the voluntary repayment is applied to the full amount paid including the county supplemental aid.

EXAMPLE G - AN ANC FAMILY CONSISTING OF A MOTHER AND ONE FEDERALLY ELIGIBLE CHILD RECEIVED $100 A MONTH FOR SIX MONTHS (4/48 THROUGH 9/48). AFTER AID WAS DISCONTINUED, THE RECIPIENT VOLUNTARILY REPAID $150. THE DISTRIBUTION ON FORM ABC 808 IS COMPUTED AS FOLLOWS:

	TOTAL AMOUNT (1)	FEDERAL SHARE (4)	STATE SHARE (5)	COUNTY SHARE (6)	COUNTY SUPP. AID (7)
A. FOR PERIOD 4/48 THROUGH 9/48					
B. AS CLAIMED (TOTAL PAID) REGULAR	$600.00	$81.00	$288.00	$144.00	$87.00
C. RATIOS	100%	13½%	48%	24%	14½%
D. DISTRIBUTION OF REPAYMENT	$150.00	$20.25	$ 72.00	$ 36.00	$21.75

C. REPORTING OF REPAYMENTS ON CLAIMS

1. Reporting on Contra Rolls

Repayments for the current federal formula period (excluding voluntary repayments) are listed from the individual Forms ABC 808 on Contra Rolls (Form AB, CA 801 and CA 801 BHI) in state number order, showing the same information required on the payroll for aid payments (see Item A, Sec. F-730), as well as the month(s) to which each repayment applies.

The distribution on the contra rolls shall be taken from Line F of the individual Forms ABC 808, Columns 1, 2, 3, and 8 as applicable.

2. Reporting on Schedule of Repayments

a. All repayments applicable to prior federal formula periods (periods prior to October 1, 1948) excluding voluntary repayments, are listed from the individual Forms ABC 808, Line F, by formula period on Form ABC 803, Schedule of Repayments. From that form the totals are carried forward to the appropriate lines and columns of the claim certification, Form Ag, B1, C1 800.

(Section Continued on Next Page)

F-750 (Continued) F-750

EXAMPLE E - AN ANC CASE, CONSISTING OF TWO FEDERALLY ELIGIBLE CHILDREN (RELATIVE NOT NEEDY), RECEIVED $100 FOR THE MONTH OF FEBRUARY 1952 AND DURING THE MONTH REPORTED INCOME OF $75 WHICH WAS TO BE CONTINUED EACH MONTH. IN MARCH THE CHILDREN WERE ELIGIBLE TO RECEIVE $25. SINCE THERE WAS AN OVERPAYMENT OF $75 IN FEBRUARY, AID WAS DISCONTINUED FEBRUARY 29 TO ADJUST FOR $25 OF THE OVERPAYMENT. THE FAMILY REPAID THE BALANCE OF $50. IN APRIL AID WAS RESTORED IN THE AMOUNT OF $25. THE FOLLOWING EXPLANATION IS MADE ON FORM ABC 808: $100 WAS PAID IN FEBRUARY 1952. $75 OVERPAYMENT BECAUSE OF INCOME WHICH WILL BE CONTINUOUS. REPORTED FEBRUARY 17. $25 ADJUSTED BY DISCONTINUANCE FOR MARCH, LEAVING $50 OVERPAYMENT.

THE DISTRIBUTION OF THE CASH REPAYMENT OF $50 IS COMPUTED AS FOLLOWS:

	TOTAL AMOUNT (1)	STATE BASIS (2)	FEDERAL BASIS (3)	FED. ELIG.-PERSONS COUNT (8)
A. FOR MONTH OF FEBRUARY 1952				
B. AS CLAIMED (AFTER CURRENT PERIOD ADJUSTMENT OF $25) REGULAR - 2 CH.	$75.00	$75.00	$45.00	2
C. LESS ADJUSTED CLAIM AFTER THIS REPAYMENT	25.00	25.00	25.00	2
D. DISTRIBUTION OF REPAYMENT	$50.00	$50.00	$20.00	0

2. Voluntary Repayments

The distribution of federal, state, and county shares is computed on a percentage basis; i.e., the ratio of each federal, state, and county share to the total aid paid for the month(s) involved is applied to the total amount of the voluntary repayment. The results of the application of these ratios are the federal, state, and county shares of the voluntary repayment. Each participating share shall be shown on Form ABC 808, Report of Repayment, in Columns 4, 5, and 6, and in Column 7, if applicable, for the current as well as for prior formula periods. The persons count on voluntary repayments shall not be reported. If, in a voluntary repayment of OAS, ANB, or APSB, the recipient has also been in receipt of General Relief, the repayment is first applied to the General Relief payments, and any remainder is applied to the categorical aid on a ratio basis.

EXAMPLE F - AN OAS RECIPIENT (FEDERALLY ELIGIBLE) RECEIVED $60 A MONTH FOR A PERIOD OF SIX MONTHS (9/47 THROUGH 2/48). BECAUSE OF EXCESS NEEDS, THE COUNTY PAID TO HIM FROM ITS GENERAL RELIEF FUNDS AN ADDITIONAL $40 A MONTH. AFTER AID WAS DISCONTINUED, THE RECIPIENT VOLUNTARILY REPAID $350. THE FOLLOWING EXPLANATION IS MADE ON FORM ABC 808:

VOLUNTARY REPAYMENT	$350
LESS COUNTY GENERAL RELIEF - 6 MONTHS x $40 A MONTH	240
REMAINDER TO BE APPLIED TO OAS	$110

(Section Continued on Next Page)

F-770 PREPARATION OF CLAIM SUMMARY DOCUMENTS F-770

A. CLAIM SUMMARY SHEET, FORM AB, CA 802

The Claim Summary Sheet accumulates in the appropriate lines and columns the persons counts and warrant, bases, and excess amounts from the totals of each payroll, contra roll, and schedule of adjustments. From the net totals federal, state, and county shares are computed according to participation status for entry on the Claim Certification, Form Ag, Bl, CA 800.

B. CLAIM CERTIFICATION, FORM AG, BL, CA 800

The Claim Certification is the document which reflects the net totals of aid paid and repaid according to formula period and the amounts that are being claimed from federal and state funds. It is the certification of the county officials that the supporting detail in the claim is correct and includes only proper payments of categorical aid. This certification shall be accomplished by affixing the personal signatures of the county welfare director and the county auditor or auditor-controller in all cases, except that during the absence of such persons this authority may be delegated by the welfare director to an acting welfare director and by the county auditor to a deputy auditor. Such substitute signatures will be accepted provided the SDSW is notified of the persons so authorized to sign. Signatures of employees not acting in the capacity of county welfare director or deputy auditor can not be accepted as certifying to the expenditure.

C. RECONCILIATION STATEMENT, FORM ABC 820

The Reconciliation Statement demonstrates on a total basis that each categorical aid claim includes only amounts authorized to be paid by the county board of supervisors or its duly appointed agent(s). It is to be signed by the county welfare director or by the county auditor depending upon which office maintains the reconciliation controls required in Sec. F-240. The signature certifies that adequate records are available in the county to support the figures included on the statement.

Only amounts authorized to be paid shall be included in Items 1 through 9 of the statement. The entry in Item 10 shall be the amount shown for the month on Line 1, Column C of the Claim Certification. If there is a difference between the amounts in Items 9 and 10, this difference shall be stated in Item 11 and shall be explained adequately either below Item 11 or on a separate sheet.

Proper procedure requires that the reconciliation control totals be maintained and verified currently as authorizations are approved, resulting in predetermined totals controlling the amounts of aid to be paid and claimed each month. This procedure enables detection of under- or over-payments before warrants are released. It also serves as a signal that there are errors in the aid claims which should be located and corrected, if possible, prior to transmittal of the claim to the SDSW.

(W&IC 116, 1559, 1560, 2140, 2189, 3075, 3087.3, 3460, 3482)

F-750 (Continued) F-750

b. Voluntary repayments for all formula periods are carried forward to Form ABC 803, Schedule of Repayments, from Line F of the individual Forms ABC 808. From Form ABC 803, the totals are transferred to the claim certification, Form Ag, B1, CA 800, Line 6, Columns C, G, H, and J as special items to be deducted from the totals in those columns. No provision is made on Form Ag, B1, CA 800 for voluntary repayments since there are very few repayments which fall within this category.

c. Installment repayments begun prior to October 1946. Installment repayments are still being made which were begun prior to October 1946. At that time such payments were computed on a percentage basis in the same manner as prescribed in this section for voluntary repayments. Any installment repayments received for such cases shall continue to be computed on a percentage basis until the overpayment has been repaid in full. Such items will be transferred from individual Forms ABC 808 to a Form ABC 803, Schedule of Repayments, and treated as a special item on the claim certification in the same manner as prescribed above for voluntary repayments.

(W&IC 116, 1504, 1506, 1560, 2007, 2024, 2140, 2222, 2223, 2223.5, 2224, 3007, 3075, 3088, 3406, 3460, 3474; FSA; AGO 48/44)

F-760 REPORTING OF ADJUSTMENTS F-760

A. ADJUSTMENTS FOR THE CURRENT AND PRIOR MONTHS

Form AB, CA 816, Schedule of Adjustments, shall be used to make necessary claim adjustments to correct individual cases, including erroneous payments as defined in Sec. F-460, included on the current month's payrolls and contra rolls rather than to change individual items and page totals. The same form shall be used to effect necessary adjustments in claims for prior months. In setting up the individual corrections on Form AB, CA 816, the entire item, as it appears on the payroll, is first entered as a minus item in red or parenthesis. The item as it should be claimed is then entered as a plus item showing all the detail that should have been shown on the payroll. To adjust contra roll items, the same procedure is followed except that the credits and debits are reversed.

B. ADJUSTMENT FOR ANC TRANSFER CASES

In ANC, if a child who has attained one year's residence in the county of residence receives non-county or non-county non-federal aid in the county of application, the county's share of ANC paid by the county of application is charged by the SDSW to the county of residence. The adjustment is made in accordance with the dates specified on Form CA 215A, Notification of Transfer under W&IC 1512(c) (See Sec. C-554 of the Manual of Policies and Procedures - ANC). The charge is made by a deduction from the state's share of ANC claimed by the county of residence on a current claim, based on a detailed statement of aid paid by the county of application on Form CA 818, which accompanies the claim letter sent to the county of residence.

(W&IC 116, 1512c, 1559, 1560, 2140, 2189, 3075, 3087.3, 3460, 3482)

F-790 (Continued) F-790

3. Reconciliation Statement, Form ABC 820

4. Report of Repayment, Form ABC 808

5. Main Payroll

6. Supplemental payrolls for the current month

7. Supplemental payrolls for prior months

8. Contra rolls for current cancelations

9. Contra rolls for prior cancelations

10. Contra rolls for repayment of aid

11. Schedule of Repayments, Form ABC 803

12. Schedule of Adjustments, Forms AB CA 816

The second and third sets of the summary documents, Forms Ag, Bl, CA 800; AB, CA 802; ABC 820, shall each be fastened together and transmitted with the complete claim.

(W&IC 116, 1559, 1560, 2140, 2189, 3075, 3087.3, 3460, 3482)

F-790 PACKAGING AND TRANSMITTAL OF AID CLAIMS F-790

All claims filed with the state for aid payments shall be forwarded by the counties so as to be received by central office of the SDSW not later than the 10th of the month immediately following the month of claim. The ability of the state to prepare quarterly statements of expenditure for the federal government within the required deadline, which is necessary to assure timely monthly advances of federal moneys to the counties, depends upon prompt transmittal of county claims.

All claims shall be addressed to SDSW, 616 K Street, Sacramento 14, Attention: Bureau of County Claims. Statistical reports and material for other bureaus or divisions of the central office shall not be packaged with claims. Insofar as is possible, each claim shall be transmitted completely at one time in one package. Parts of claims may be submitted separately if:

1. Because of bulk, payrolls for aid claims are sent by express rather than by mail. If payrolls are sent by express, the Certification, Form Ag, B1, CA, 800, Claim Summary Sheet, Form AB, CA 802, and Reconciliation Statement, Form ABC 820, shall be transmitted by first class mail. A statement shall be included with the mailed documents identifying the material shipped by express and the shipping date.

2. It is not possible to obtain signatures promptly on the certification forms. In this event, an unsigned completed certification (one copy) shall accompany the claim with a note or letter explaining that the signed copies (in triplicate) are to be mailed later (specify date).

3. It is not possible to reconcile the claim in time to enable transmittal by the 10th of the month. The reconciliation statement may be forwarded later rather than holding up the entire claim. In that event, a note or letter shall be mailed with the claim documents to indicate that the reconciliation statement will be forwarded separately (specify date).

One complete set of each separate claim (OAS, ANB, APSB, ANC, ANC-BHI) prior to transmittal to the SDSW shall be segregated and, depending upon bulk, shall be fastened together in the following order:

1. Certification, Forms Ag, B1, CA 800
2. Claim Summary Sheet, Forms AB, CA 802

(Section Continued on Next Page)

CHAPTER VIII

CLAIMS FOR ADMINISTRATIVE EXPENDITURES

Except where specifically stated otherwise, all sections of this chapter apply to all programs supervised or administered by the State Department of Social Welfare.

F-810 (Continued) F-810

Reporting of administrative expenditures on claims to the state shall be effected by the cash flow method, i.e., upon the basis of bills paid during the month of claim irrespective of the month(s) which received the benefit of the expenditures. Reporting of amounts based upon budget encumbrance or obligation incurred does not comply with the requirements in claiming reimbursement from federal and state funds, inasmuch as such methods reflect estimates, rather than actual expenditures.

B. TIMELY REPORTING

While administrative expenditures are to be reported on the claim for the month in which disbursed, items erroneously omitted from any monthly claim will be allowed provided they are claimed in a month not later than during the quarter immediately following the 12th month from date of disbursement.

Items of expenditures made on behalf of a function or activity requiring a special plan and which were not previously claimed by a county may be claimed retroactively only to the beginning of the calendar quarter in which such expenditures were initially claimed or, if prior approval by SDSW is required, only from the beginning of the quarter in which the required plan is submitted in writing to the SDSW. Such a plan, to be effective for a particular quarter, shall be submitted not less than 45 days prior to the end of that quarter.

C. REPORTING OF ABATEMENTS

All refunds received by the county pertaining to expenditures previously reported to the state are to be credited on a current claim as received. These include refunds of medical or legal fees, tax rebates, and any credits to the welfare appropriation resulting from services performed by the welfare department for other agencies of county government. Sales of property previously claimed shall be reported on a current claim in the amount realized from the sale. Transfers of property to other agencies of county government, if previously claimed, shall be abated according to the reasonable value of such property at the time of transfer. The reasonable value of automotive equipment so transferred is the current Blue Book value. (See Sec. F-872, Item A)

(Section Continued on Next Page)

F-800 GOVERNMENTAL PARTICIPATION IN COUNTY ADMINISTRATIVE EXPENDITURES F-800

Expenditures incurred by the counties in administration of the welfare programs are shared by Federal, State, and County Governments as follows:

A. FEDERAL PARTICIPATION

The Federal Government matches, through the SDSW on a 50% basis, all claimable expenditures incurred in administration of the categorical aid programs covered by the Social Security Act namely: Old Age Security, Aid to Needy Blind, and Aid to Needy Children. Expenditures incurred in the APSB program and in ANC for children in boarding homes and institutions or for children otherwise ineligible for federal participation are not matchable from federal funds.

B. STATE PARTICIPATION

The State Government participates in certain expenditures incurred in the following programs:

1. Aged and Children's Boarding Home Licensing and Inspection by agencies accredited by the SDSW.
2. The Agency and Independent Adoption program in accordance with yearly budgets approved by the SDSW.
3. The Child Welfare Services program. The state reimburses the counties on a contract basis from funds provided by the U.S. Childrens' Bureau.

C. COUNTY PARTICIPATION

There is no federal or state participation in certain welfare programs administered by the counties, including General Relief, other county welfare programs, and extraneous activities. The county bears the full costs of administering these programs as well as that portion of the costs of the federal and state programs not reimbursable from federal or state funds.

(W&IC 1522, 2302; CC 225q; FSA)

F-810 REPORTING OF ADMINISTRATIVE EXPENDITURES F-810

A. DEFINITION OF CLAIMABLE EXPENDITURES

Claimable administrative expenditures are defined as those which are necessary for proper and efficient administration of the program(s) involved; have been expended by county; are included within the scope of administrative expenditures set forth in this chapter; if specifically required herein, have received prior written approval of SDSW; and are claimed within the time limits set forth in Item B of this section.

(Section Continued on Next Page)

F-820 (Continued) F-820

M - Extraneous Activities
N - Non-allocable Time
O - Vacation
P - Sick Leave
Q - Other Time Off
R - Total Time

Travel time is charged directly to program, or jointly to two or more programs, if it can be identified with a specific program or joint group. Otherwise it is charged as non-allocable time in Item N. Other non-allocable time such as time spent in conferences, meetings, etc., if identifiable with a specific program or joint group, shall be charged accordingly. If such time is not so chargeable, it shall be charged in Item N as non-allocable time.

The salary of an employee, who is on a vacation and/or sick leave or educational leave for a full month or a portion of a month, shall be allocated in accordance with such employee's latest representative time report on file.

A. FORM DFA 42, EMPLOYEE'S INDIVIDUAL DAILY TIME RECORD

Employees, whose time is segregable by time recording and who work on programs in more than one of the above groups (ABC through H), shall charge their time on daily time reports to the nearest five minutes and at the end of each day shall transfer the totals to the nearest half hour to Form DFA 43, County Employees Monthly Time Record. All time worked, including overtime, shall be recorded each day.

Employees whose time can not be readily segregated by program, or who work on one program only, or who work on categorical aid programs only, are not required to keep daily time records.

Daily time records for the current month and the immediately preceding month shall be maintained on file in the county, readily available for inspection and audit by state and federal representatives.

(Section Continued on Next Page)

F-810 (Continued) F-810

D. EXPENDITURE CATEGORIES

Administrative expenditures are segregated on the claim according to the following categories:

1. Salaries and Wages (S & W) paid to county welfare department employees in accordance with merit system or county civil service standards.

2. Maintenance and Operation (M & O). This category includes all expenditures from the welfare appropriation which are not properly included in any of the other categories and includes small items of equipment of individual cost of $5 or less.

3. Capital Outlay (C. O.). Included in this category are expenditures for movable equipment, such as office furniture and fixtures, office machinery and automotive equipment.

4. Real Property Acquisition or Improvements (RP). Included in this category are expenditures for purchase or construction of buildings or for permanent additions to real property which become a part of the real property and are not removable upon termination of occupancy. (See Sec. F-871)

5. Services of Other County Agencies (SOCA). This category includes all expenditures for the benefit of the county welfare department for goods, facilities, or services expended from appropriations of other county agencies. Plans for claiming of such expenditures require written approval of SDSW.

(W&IC 116, FSA)

F-820 TIME RECORDING BY COUNTY WELFARE DEPARTMENT EMPLOYEES F-820

For purposes of time recording and cost allocation, salaries and wages paid to employees of county welfare departments shall be apportioned in accordance with the ratio of gross man hours recorded by each employee. Man hours shall be recorded on time recording forms under the following items:

ABC - The Categorical Aid Group (as defined in Sec. F-110, Item 4)
D - Child Welfare Services
E - Boarding Home Licensing and Inspection
F - Agency and Independent Adoptions
G - County General Relief
H - Other County Welfare Programs
J - Joint Charges
K - Overall Charges
L - Total allocable Time

(Section Continued on Next Page)

F-825 (Continued) F-825

Example B. An employee works September 16, 18, 19, 23, 25, and 27 at a monthly salary of $200 receives $60 computed as follows: 48/160 x $200 = $60.

If a merit system employee not paid on an hourly or per diem basis is absent without pay on the last work day of the week and returns to work on the first morning of the following week or the morning after a holiday, he may be paid for Saturday and Sunday or the holiday, provided no county ordinance exists to the contrary.

If the employee does not return to work on the morning of the first day in the week or the morning after a holiday, he may be paid for Saturday and Sunday or the holiday, if he was not absent without pay on the last work day of the preceding week or on the day before the holiday and provided no county ordinance exists to the contrary.

An employee shall not be paid for Saturday and Sunday or holiday if he was absent without pay on the last required work day in the week as well as on the first work day of the following week and if he was absent without pay the day before and the day after a holiday.

Data for Merit System Employees Paid Less than Full Month's Salary (Form DFA 64, Part II, Section U) shall be completed for all Merit System employees whose salaries of less than a full month are computed under the provisions of this section. Section U shall also include employees under a county wide civil service system who spend a part or all of their time on the Child Welfare Services Program. (See Sec. F-890, Item A3)

(W&IC 1560, 2140, 3075; FSA)

F-830 ALLOCATION OF ADMINISTRATIVE EXPENDITURES TO MONTH F-830

Administrative expenditures are claimed on a cash flow basis, as set forth in Sec. F-810, and are allocated to the current month of claim except that direct and joint expenditures in the Adoption, Boarding Home, and Child Welfare Services programs which benefit months in a prior fiscal year shall be accrued to that prior fiscal year. If more than one month in a prior fiscal year is involved for a particular expenditure, such expenditure may be allocated to the latest month involved.

The procedure for accruing of expenditures to fiscal years is not applicable to overall charges which shall be allocated to the month of claim.

(W&IC 116, 1560, 2302; CC 225q)

F-820 (Continued) F-820

B. FORM DFA 43, COUNTY EMPLOYEE'S MONTHLY TIME RECORD

All county welfare department personnel, including the welfare director and supervisory and maintenance employees are required to keep the monthly time record. All time worked including overtime shall be recorded to the nearest half hour.

If the work assignment is constant throughout the month, a line may be drawn through the entire month and the program worked on written in over the line.

If the welfare department does not maintain other readily available records of sick leave, vacation, and other time off, the county shall keep such information on a current basis on the monthly time record. Provision is made on Form DFA 43 for showing balances at the beginning of the month, accumulation during the month, time off during the month, and the balances at the end of the month.

The monthly time records, completed in detail, shall be signed by the employee, and except for the county welfare director certified by the employee's supervisor. Forms DFA 43 shall be retained in files by month, readily available for inspection and audit by state and federal representatives.

(W&IC 116, FSA)

F-825 COMPUTING LESS THAN FULL MONTH SALARY F-825

If an employee under the Merit System works part time, or is on pay roll less than a calendar month, whether or not this constitutes the entire period of his employment, his salary, unless on per diem or hourly basis, shall be based on the actual number of calendar days in the month, provided no county ordinance exists to the contrary.

Briefly, $\frac{\text{days on pay roll}}{\text{days in the month}}$ x monthly salary = salary or wage due.

Example A. An employee who began work the morning of September 16 at the monthly salary of $180 receives $90, computed as follows: 15/30 x $180 = $90.

If an employee works regularly on an intermittent basis at a full monthly rate of pay, his salary may be computed as follows:

$\frac{\text{hours worked}}{\text{work hours in month (actual or average)}}$ x monthly salary = salary or wage due.

(Section Continued on Next Page)

F-840 (Continued) F-840

a. Providing information, making analyses, investigating, consulting, planning, and referral, including the cost of transportation and other expenses necessary to enable the applicant or recipient to receive technical services in respect to legal, medical, and social problems, excluding the cost of legal, medical, educational, rehabilitative, and remedial services that go beyond consultation, diagnosis, and planning;

b. Mental and physical examinations and other diagnostic services necessary to determine the mental or physical condition of the applicant or recipient or of a member of the household affecting his health and well-being, including expenses necessary to secure the service, but excluding the costs of medical treatment;

c. Services, including consultation and arrangements for counsel, necessary in the adjustment of legal problems of the applicant or recipient including the official fees, the costs of documents and other expenses necessary to secure the service, but excluding attorney's fees and the costs of judicial proceedings;

d. Guardianship proceedings for applicants or recipients of public assistance;

e. Proceedings in recovery of amounts due from or repayable by or on behalf of recipients (or former recipients) of aid.

(W&IC 1553, 2186, 3087; FSA)

F-850 EXPENDITURES CHARGEABLE TO ADOPTIONS, BOARDING HOMES, AND CHILD WELFARE SERVICES F-850

The state accredits certain agencies for the administration of aged and children boarding home licensing programs. It also licenses certain agencies to administer independent and agency adoption programs. State reimbursement is available for expenditures necessary for proper and efficient administration of these programs. Reimbursement through the state is also available from U.S. Children's Bureau funds, in accordance with agreements approved by the SDSW for certain expenditures incurred in the Child Welfare Services program.

A. AGENCY AND INDEPENDENT ADOPTIONS

Certain expenditures incurred by licensed adoption agencies in administration of the agency and independent adoption program are reimbursable upon filing proper claims with the SDSW. Claims for administrative expenditures in this program shall not include expenditures defined as adoption cost of care (See Sec. F-920). Reimbursement is further restricted in accordance with the terms of annual budgets approved by SDSW.

(Section Continued on Next Page)

F-835 ALLOCATION OF ADMINISTRATIVE EXPENDITURES TO PROGRAM F-835

Administrative expenditures shall be allocated (on Form DFA 64, Part I) to the programs and items listed in Sec. F-820 in accordance with the benefits accruing to each. Expenditures which can not be segregated as direct charges shall be charged jointly to the benefited programs unless such expenditures benefit all of the programs administered by the welfare department, in which event the charge shall be made to overall charges.

With respect to joint and overall charges, it is required that the programs be charged in reasonable proportion to the benefit received by each. If expenditures charged as joint or overall result in a distorted allocation of such charges to programs, such expenditures shall be costed to the programs as direct charges. Any method for costing which will result in a reasonably accurate distribution is acceptable. Test checks shall be made at least annually to determine whether the method used results in a reasonably accurate distribution. Capital outlay purchases (See Sec. F-810, Item D3) shall be charged on an overall basis unless the item purchased will be used for one or more but not all programs. In the latter case, it is charged on a "joint" basis.

(W&IC 116, 1560, 2302; CC 225q; FSA)

F-840 EXPENDITURES CHARGEABLE TO THE CATEGORICAL AID GROUP F-840

Expenditures for purposes of administration chargeable to categorical aid programs must be directly pertinent or reasonably related to those programs and must not be properly chargeable to other programs.

Among the activities involving administrative costs for which federal participation may be claimed are:

1. Supervising the operation of the categorical aid programs.
2. Developing, evaluating, and modifying standards of operation;
3. Maintaining social, financial, and statistical records;
4. Preparing and presenting information to official bodies and the public;
5. Determining the original and continued eligibility of individuals for financial aid, ascertaining the amount of aid to be granted, and providing the aid payments.
6. Rendering personal services to applicants or recipients to assure maximum benefit from the money payment in relation to personal, family, and community resources.
7. Rendering other services to individuals or groups of individuals reasonably related to the categorical aid programs.
8. Costs of services with respect to:

(Section Continued on Next Page)

F-850 (Continued) F-850

The agency shall report for each month the number of valid licenses in effect for that month as provided in Section Y of the Administrative Expenditures Worksheet, Form DFA 64, Part II. The SDSW, in audit and approval of each monthly claim, will certify to the State Controller for reimbursement the amount of proper expenditures claimed each month up to the product of $4 times the number of valid licenses in effect for that month, plus any expenditures claimed in previous months in the fiscal year which were not allowed and which may be allowed in accordance with the cumulative license credit for valid licenses for the months to date in the fiscal year.

2. Definition of Valid License Credits

For purposes of license credits, a license in effect on the first day of the month is considered a valid license for that month even though it may expire or be otherwise terminated during the month. A license issued after the first day of the month is not considered a valid license for the purpose of claiming reimbursement until the first day of the following month.

Examples:

a. A license issued on July 1 is reported on the July claim because the license was in effect on the first day of the month.

b. A license issued on July 2 is not reported on the claim until August as the license was not in effect on the first day of July.

c. A license expiring on July 1 is reported on the July claim because the license was in effect on the first day of the month.

A license credit will not be allowed for any month subsequent to the month in which the license terminated. A license terminates under any of the following conditions:

Death of licensee.

Change of operator. (See Sec. V-630, License Not Transferable, of the Manual Boarding Homes for Aged and Children)

Change of location. (See Sec. V-640, Change of Address, of the Manual Boarding Homes for Aged and Children)

Lapse of one year after the date of issuance

Example: License issued 4-1-50 expires 3-31-51. (See Sec. V-440, Effective Date of License, of the Manual Boarding Homes for Aged and Children)

Change in status of specific person, if license issued for care of specified person only:

(Section Continued on Next Page)

F-850 (Continued) F-850

1. Method of Claiming

Prior to the issuance or renewal of a license by the SDSW, an agreement must be reached between the licensed adoption agency and the SDSW with respect to the sums which may be claimed during the fiscal year, segregated as to expenditure category (See Sec. F-810, Item D). The amounts so budgeted shall be a limitation, within each category, on reimbursement to the agency during the fiscal year, except that subsequent action by the SDSW may modify the budgeted amounts.

Salaries and wages include only those amounts properly allocable to the adoption program.

Maintenance and operation includes certain professional services, materials, supplies, communications, travel and space costs. Professional services include medical, dental, psychological, or psychiatric examinations made prior to placement for adoption to determine whether particular children are suitable to place for adoption. Materials and supplies include layettes or other clothing, bedding, etc. which are not assigned premanently to a particular child but are used repeatedly for relinquished children generally. Space costs include office rent, janitorial services, heat, light, water, power, and maintenance repairs. Claims on an amortized basis for building purchase or construction or building alterations and improvements may be made only upon prior written approval of the SDSW.

2. Records to be Maintained by Agency

Licensed adoption agencies shall maintain such records and accounts as are necessary to substantiate the correctness of claims for administrative expenditures filed with the SDSW. Such records shall be made readily available for state review and audit.

B. AGED AND CHILDREN BOARDING HOME LICENSING AND INSPECTION

Reimbursement from state funds for certain costs of administration is available to county and city agencies which have entered into written agreement with the SDSW pursuant to which the agencies so accredited inspect and license specified types of boarding homes for aged persons and children. Reimbursement is not available to agencies accredited to inspect but not to license boarding homes.

1. Method of Reimbursement

The amount of state reimbursement is based on the expenditures reported on the monthly claim for administrative expenditures as chargeable to the aged and children boarding home licensing and inspection program and is limited, in any fiscal year, to an amount not exceeding the product of $4 times the number of valid licenses in effect on the first day of each month in the fiscal year.

(Section Continued on Next Page)

F-850 (Continued) F-850

In counties in which agreements exist for the reimbursement of Child Welfare Services educational leave stipends, such expenditures shall be reported and charged as maintenance and operation items to the Child Welfare Services program. Counties may claim reimbursement for such stipend expenditures in accordance with the Child Welfare Services agreement.

Expenditures not contained in the agreement are not reimbursable without the specific written approval of the SDSW.

2. Records to be Maintained by Agency

Counties claiming expenditures for Child Welfare Services shall maintain such records and accounts as are necessary to establish the correctness of claims filed with the SDSW. Such records shall be made readily available for state review and audit.

(WIC 116, 1560, 2302; CC 225q; FSA)

F-871 WELFARE DEPARTMENT SPACE COSTS F-871

Claims may be made for costs incurred by county welfare departments for space necessary in administration of the welfare programs. These include building maintenance and services in premises privately owned or in county owned buildings, expenditures for rental of privately owned space, building alterations, and building purchase or construction.

A. BUILDING MAINTENANCE AND SERVICES

Expenditures necessary for building maintenance and services in space occupied by county welfare departments are reimbursable according to program from state or federal funds. Such expenditures include janitorial services, heat, light, power, water, cleaning, repairing, decorating, and other expenditures of similar nature. Repairing and decorating are defined as expenditures which neither materially add to the value of the property or appreciably prolong its life, but merely keep it in an efficient operating condition. Claims of expenditures for building maintenance and services shall be made by category as provided in Sec. F-810. Expenditures not disbursed directly from the welfare appropriation, but from appropriations of other agencies of county government are subject to SDSW approval prior to claiming. (See Sec. F-380)

B. RENTAL PAID FOR PRIVATELY OWNED SPACE

If it is found necessary to pay rental for privately owned space for use by county welfare departments, such rental costs may be claimed and shall be classified on the administrative expenditure worksheet as provided in Sec. F-810. The item shall be clearly identified as building rental.

(Section Continued on Next Page)

F-850 (Continued) F-850

Death of person for whose care license was issued.

Child specified on license reaches 16th birthday.

Child specified on license is legally adopted by foster parents: i.e., decree of adoption is granted by court. (See Sec. I-300, Foster Homes for which License is Not Required, Item B, Adoptive Homes, of the Manual Boarding Homes for Aged and Children.)

Revocation of license. (See Sec. V-700, Revocation of License, of the Manual Boarding Homes for Aged and Children)

Voluntary relinquishment of license. (See Sec. V-590, Voluntary Discontinuance, of the Manual Boarding Homes for Aged and Children)

3. Records to be Maintained by Agency

Accredited licensing and inspection agencies filing claims for state reimbursement of administrative expenditures shall keep adequate records of the expenditures so claimed, maintained in such a manner as to be readily accessible to state review and audit.

Copies of Forms BHA 30.1 and BHC 30.1, Licenses, shall be kept on file in the agency subject to inspection or audit by the SDSW. Adequate records shall also be maintained of the number of licenses issued and terminated in support of the license credits stated on each monthly claim.

C. CHILD WELFARE SERVICES

1. Method of Claiming

In counties in which agreements have been approved by the SDSW for the employment of child welfare services workers, the total salaries paid to such workers shall be charged on the administrative expenditures worksheet to the child welfare services program. Reimbursement to the county from U.S. Children's Bureau funds will be computed on the percentage of the worker's salaries as specified in the child welfare services agreements between state and county.

In counties in which agreements have been approved by the SDSW for the employment of a county child welfare supervisor, and if the agreements specify that such supervisors may work less than full time on the Child Welfare Services program, the amount of the supervisors' salaries chargeable to the Child Welfare Services program shall be determined on the basis of the time actually spent during each month on activities specified in the agreement. Reimbursement to the county for such supervisors' salaries will be determined by applying the agreed percentage to be borne from child welfare services funds against the amounts chargeable to the program as determined by time recording procedure with the limitation that reimbursement shall not exceed the amounts specified in the agreement.

(Section Continued on Next Page)

D. BUILDING PURCHASE OR CONSTRUCTION

The initial cost of the construction or purchase of a building for use by the county welfare department may be claimed on an amortized basis over a period of months equal to the reasonable life expectancy of the building. Such proposals shall be submitted on Forms DFA 117 and DFA 117A in complete detail for SDSW review and approval prior to claiming. Counties contemplating the purchase or construction of a building for welfare use should inform SDSW of their plans well in advance of purchase or construction as the plans contemplated by the counties may not conform to standards and other criteria established by the state and federal governments for reimbursement of such expenditures.

The following principles apply in the determination of the amount to be allowed as monthly amortization in the initial cost of construction or purchase of public buildings:

1. The amount charged for space or the rate of amortization of the purchase price is not in excess of that which would ordinarily be charged in the same or in a similar community for comparable space in a privately owned building.

2. Actual or estimated maintenance and operating costs are clearly specified in the proposal.

3. Information is provided as to the basis for amortizing the charges to include the total cost of the building, the welfare department's pro rata share, the total square footage to be occupied by each agency or department, the period of years over which the total cost is to be amortized, and the amount per square foot per month based on such period of amortization.

(W&IC 116, 1622, 1560, 2140, 2302, 3075; CC 225q; FSA)

F-871 (Continued) F-871

C. BUILDING ALTERATIONS AND IMPROVEMENTS

Upon prior written approval of SDSW, expenditures incurred for building alterations and improvements may be claimed on an amortized basis. The amount to be amortized monthly is determined by the life expectancy of the alteration or improvement. Building alterations and improvements as distinguished from building repairing and decoration are defined as expenditures in excess of $100 which add to the value of the property and appreciably prolong its life. Amortization may not be claimed prior to the month in which the project is completed or the space involved is occupied, whichever is the later, and SDSW approval is given.

The following principles are applied in evaluating county proposals for building alterations and improvements:

1. The alteration and improvement costs shall be amortized over a period of months equal to their useful life.

2. Amortization may be claimed only for those months during which the building is used or occupied by the county welfare department and used for the purposes for which the expenditures were allowed.

3. The economy of the expenditure shall be established by comparison with the amount of rent that would be required for other suitable space of comparable location, construction, facilities, and condition, with particular concern as to the adaptability of the space to the use of the welfare department.

4. If space is also occupied by an agency other than the welfare department, the cost of the alterations and improvements shall be allocated on the basis of a reasonable prorated share, charged to each of the agencies sharing the space. Generally, this prorated share can be determined on the basis of the floor area occupied. Expenditures, amortized monthly for building alterations and improvements upon written approval of SDSW, shall be classified on the Administrative Expenditure Worksheet (Form DFA 64 Part I) as real property acquisitions or improvements. The item shall be clearly identified as building alterations and improvements and the location of the premises stated as well as the date of the SDSW approval letter. Forms DFA 117 and DFA 117B shall be used to submit proposals to SDSW for claiming of building alterations and improvements. Complete data in support of the proposal shall be submitted therewith.

(Section Continued on Next Page)

F-872 (Continued) F-872

D. CLAIMS FOR MOTOR POOL COSTS

If a county welfare department makes use of automotive equipment drawn from a county operated motor pool which is supported by an appropriation other than the welfare department appropriation, and the purchase price of the equipment has not been claimed previously, the county may claim for its share of the cost of use of such automotive equipment including amortization of purchase cost by either of the following methods:

1. If a county has established a method of cost distribution to all county agencies in which the prorated charge is arrived at in a manner which equitably and fairly distributes such equipment costs, the county welfare department may claim for cost of use based on such method.

2. If there is no established method of prorating motor pool equipment costs to the various agencies in a county, the county welfare department may include in its claim for cost of use, amortization of the purchase cost on the basis of an estimated life of 100,000 miles. Such amortization may be based on actual costs of individual units or an average cost of different classes of automobiles and trucks, in which event, a redetermination of this average cost shall be made at least annually.

Plans for claiming of motor pool costs shall be submitted in full detail to the SDSW for review and approval prior to claiming. Approved plans are claimed on the worksheet as services of other county agencies. The date of the SDSW approval letter shall be stated on the worksheet.

If the cost of the use of pooled automotive equipment is claimed by either of the above methods, a record shall be kept in the county fully identifying automobiles used, showing the date of each trip, the name of the employee making it, and the number of miles traveled. Claim for reimbursement will be allowed only if such records, with all the necessary information, are on file in the county and readily available for inspection.

(W&IC 116, 1622, 1560, 2140, 2302, 3075; CC 225q; FSA)

F-873 RETIREMENT CONTRIBUTION PLANS F-873

Claims may be made by a county for its share of costs for covering welfare department employees under approved retirement fund plans.

(Section Continued on Next Page)

F-872 AUTOMOTIVE PURCHASE AND OPERATION F-872

Claims may be made for expenditures incurred for automotive equipment used by the county welfare department, as follows:

A. AUTOMOTIVE PURCHASE

The purchase price of automobiles and trucks may be claimed if such purchases are made from the welfare department appropriation and are found necessary to proper and efficient administration. When so claimed, such purchases shall be classified as capital outlay on the administrative expenditure worksheet (Form DFA 64, Part I). The make, model type, and motor and serial number of each unit shall be stated. Any non-claimable taxes (See Sec. F-879) shall be charged as extraneous.

If automotive equipment is traded in on new purchases, the full amount realized in the trade-in shall be given effect in claiming the new purchase. This shall be accomplished by claiming the full purchase price of the new equipment and reporting the amount realized on the trade-in as an abatement. In reporting the abatement, consideration shall be given to the program or programs charged when the equipment purchased was originally reported to the state. If the equipment was not claimed, an abatement for the amount realized for the trade-in need not be reported.

Similarly, if automotive equipment (or any other equipment) in which there has been federal or state participation is traded in on the purchase of new equipment for use by some other county agency, the full amount realized on the trade-in shall be reported as an abatement to the programs which were originally charged.

B. AUTOMOTIVE MAINTENANCE

Expenditures incurred in the operation, maintenance, and upkeep of automotive equipment such as gasoline, oil, lubrication, repairs, etc., may be claimed and shall be classified on the administrative expenditure worksheet as provided in Sec. F-810.

C. AUTOMOTIVE EQUIPMENT RENTALS

In certain emergency situations, if automotive equipment is rented, the amount so paid is claimable and shall be classified on the worksheet as provided in Sec. F-810.

(Section Continued on Next Page)

F-875 (Continued) F-875

1. The applicant or recipient is not financially able to meet such costs, and

2. There is no accessible examiner on the panel or no neuropsychiatrist in the county and the person must be transported to another county or state, or

3. Transportation to another county or state is necessary for examination by an examiner who had not previously examined the person, or

4. The distance to the nearest accessible eye examiner on the panel or neuropsychiatrist in the county is great and transportation to his office is necessary, or

5. The blind person is bedfast and the cost of transportation of the eye examiner or neuropsychiatrist to the home of the blind person is incurred by the county, or

6. The blind person requires an attendant to accompany him to the examiner's office, thus incurring additional expense.

(W&IC 116, 3075, 3087; FSA)

F-876 EXPENDITURES FOR COST OF MEMBERSHIPS F-876

Claims may be made for the cost of memberships in organizations providing services for the advancement of health, welfare, and community organization activities, including Merit System Agency membership in organizations providing services for the advancement of personnel administration. These costs will be deemed necessary for proper and efficient administration if all of the following conditions are met:

1. The expenditure is permissible under law

2. The expenditure is only for agency memberships, not individual memberships

3. The membership is in a nonprofit international, national, state, or local organization

4. The services provided are reasonably related to the administration of the programs involved

5. The cost of the membership is reasonably related to the value of the services or benefits received

6. The expenditure is not for membership in an organization which devotes a substantial part of its activities to influencing legislation.

(W&IC 116, 1622, 1560, 2140, 2302, 3075; GC 225q; FSA)

F-873 (Continued) F-873

Two copies of retirement data shall be submitted to the SDSW, including (a) a statement showing how the plan became effective, (b) the date the plan became effective, and (c) if the retirement system is operated by the county itself, copies of the retirement law including full details on the operation of the system.

One copy of the retirement data shall be notarized by the county clerk as being a true copy of the original document.

Plans currently acceptable include: (a) Membership in the State Employees' Retirement System, or (b) a county wide retirement plan operating under authority of the County Employees' Retirement Act of 1937, or (c) Old Age and Survivor's Insurance under 1950 amendment to the Social Security Act.

The county share of retirement system contributions may be claimed only upon SDSW written approval. The approved letter date shall be stated on the work sheet (DFA 64 Part I).

(W&IC 116, 1622, 1560, 2140, 2302, 3075; GC 225q; FSA; GC 31450-31822)

F-874 WORKMEN'S COMPENSATION PLANS F-874

Claims may be made by a county for its share of costs for covering welfare department employees under workmen's compensation plans which meet the state and federal requirements. Participation in the State Compensation Insurance Fund or self insurance is acceptable.

Workmen's compensation expenditures shall be identified as such on the work sheet (DFA 64 Part I).

(W&IC 116, 1622, 1560, 2140, 2302, 3075; GC 225q; FSA)

F-875 EXPENDITURES FOR EXAMINATIONS TO DETERMINE ELIGIBILITY ON DEGREE OF BLINDNESS F-875

Claims may be made for the cost of any examinations which the SDSW requires to determine degree of blindness for ANB.

In connection with an application for ANB, the SDSW requires the first examination. If the applicant is dissatisfied, the county submits a second report by another examiner. If this is in conflict with the first, the SDSW requires a third or resolving report. If the SDSW requires a neuropsychiatric examination to determine degree of blindness, the cost of such examination may be claimed. In connection with reinvestigation, reimbursement may be claimed for required examinations to determine degree of blindness.

Necessary expenses to the county for transporting an applicant for, or recipient of, ANB to obtain any required examination are claimable administrative expenses, provided:

(Section Continued on Next Page)

F-879 EXPENDITURES FOR TAXES F-879

Expenditures made by an agency of funds made available under Titles I, III, IV, and X of the Social Security Act, for the payment of certain taxes explained below are not considered as necessary for proper and efficient administration and are not allowable from, or matchable with, federal funds.

Counties are specifically exempted from all of the federal taxes on sales, services, and facilities imposed by the following provisions of the Internal Revenue Code, as amended:

Chapter 20 - Manufacturers' Excise Taxes

Chapter 19 - Retailers' Excise Taxes

Section 3469 and 3475 - Tax on Transportation of Persons or Property

Section 3465 - Tax on Telephone Services and Telephone, Telegraph, Cable Radio Messages, or Leased Wires (including teletype, and burglar and fire alarm services)

Examples of articles covered by Chapter 29 of the Internal Revenue Code but which are not subject to the manufacturers' excise tax if purchased by an agency are:

Business machines, automobiles, automobile parts, tires, inner-tubes, gasoline, lubricating oil, electric, gas, and oil appliances (including fans, air circulators, and heaters), electric light bulbs and tubes, electrical energy, leather and imitation leather brief cases.

Purchases affected by the retailer's excise tax exemption will probably not be numerous because an agency is not likely to purchase many items to which that tax applies. However, clocks, certain types of fountain pens, and leather and imitation leather brief cases are among the items which might be purchased by an agency.

With respect to the manufacturers' excise tax, if the goods are purchased from a dealer rather than from the manufacturer, it might be necessary for the amount of the tax to be included in the purchase price. In this event the agency should take proper steps to obtain refunds.

The exemption with respect to the tax on transportation of property applies if the agency is either the consignor or consignee. However, if an agency purchases goods from a dealer, but priced f.o.b. factory, and the goods have been consigned by the factory to the dealer rather than the agency, the exemption does not apply to that transportation.

In accordance with the Comptroller General's opinion of June 19, 1942, (21 Comp. Gen. 1119) it has been determined that federal funds granted under Titles I, III, IV, and X of the Social Security Act may be used for the payment of state sales taxes which are legally required to be paid to vendors in connection with purchases of supplies or services necessary for the proper and

(Section Continued on Next Page)

F-877 EXPENDITURES FOR SURVEYS BY PRIVATE OR STATE AGENCIES F-877

In some instances, claims may be made for the cost of surveys made by private or state agencies. Such surveys ordinarily consist of position classification surveys, although organization or procedure surveys may be included.

Counties contemplating such surveys shall forward two copies of the following information to the SDSW:

1. Name of the county agency or department initiating the survey
2. Name of the private or state agency to be employed to conduct the survey
3. Reasons necessitating the survey, and a description of its scope
4. Reason for the employment of a private or state agency
5. Extent to which the survey will cover other county agencies
6. Period over which the survey is to be conducted
7. Estimated cost, and the method of segregating those costs for which reimbursement will be claimed
8. Other pertinent data.

Written approval shall be obtained from the SDSW prior to initiation of the survey. All such requests are subject to SDSW review, and claim will be allowed only in unusual circumstances and after special justification.

(W&IC 116, 1622, 1560, 2140, 2302, 3075; CC 225q; FSA)

F-878 EXPENSES OF SSWB APPOINTED COMMITTEES F-878

Claims may be made for expenses of members of county boards of supervisors, county officers, or county employees incurred while acting as members of a committee appointed by the SSWB.

All extra, identifiable expenses incurred by committee members in completing the assignment shall be considered as expenses performed as an aid to the operation of the public assistance program and shall be reimbursable as such.

Expenses of such committee members shall be classified as a maintenance and operation item and reported as current expenditure on work sheets submitted to the SDSW. If such expense is paid by a county agency other than the welfare department it shall be identified and reported separately, following welfare department expenditures.

Detailed records shall be maintained by the county in support of each expenditure claimed.

(W&IC 116, 1622, 1560, 2140, 2302, 3075; CC 225q; FSA)

F-881 WARRANT WRITING SERVICES F-881

Warrant writing services include such services as the writing, checking, stuffing, and mailing of categorical aid warrants as well as the holding, releasing, canceling, sorting, and filing of such warrants, the preparation of warrant registers, payrolls, the maintenance of authorization and participation controls, and the preparation of aid, and administration claims to the SDSW. The accounting, auditing and supervisory activities incidental thereto are not properly included in warrant writing services.

Claims may be made for warrant writing services on an actual or a unit cost basis. Costs may include expenditures for salaries and wages, warrants, postage, envelopes, supplies, and the cost of use of office equipment.

A. CLAIMS ON A UNIT COST BASIS

If the costs of goods, facilities, and services are not readily ascertainable by segregation as direct costs, a unit cost may be established during a study month as follows:

1. Salaries and Wages

   The time recording procedure provided in Sec. F-820 shall be followed for establishing salaries and wages chargeable to categorical aid warrant writing services. The resulting number of man hours spent by each employee on the categorical aid programs during the study month multiplied by the individual employee hourly salary rate establishes the total salary cost of that employee. The sum of all employee salary costs establishes the total salaries and wages to include in the unit cost.

2. Warrants

   The cost per aid warrant determined by the latest purchase preceding the study month multiplied by the number of warrants used during the study month establishes the total warrant cost.

3. Postage

   The actual cost of postage used in mailing the aid warrants during the study month shall be determined.

4. Envelopes

   The cost per envelope determined by the latest purchase preceding the study month multiplied by the number of envelopes used for the categorical aids during the month establishes the total envelope cost.

(Section Continued on Next Page)

F-879 (Continued) F-879

efficient administration of public assistance programs, without regard to whether the legal incidence of the tax is held to be imposed upon the vendor or the vendee.

If taxes are paid by the agency, the total cost shall be shown in the explanation column of the Administrative Expenditures Worksheet (Form DFA 64 Part I). The amount matchable from federal or state funds shall be shown in the same form in Col. L "Total Allocable Expenditures" and the amount unmatchable in Col. M "County Extraneous Expense".

(W&2C 116, 1622, 1560, 2140, 2302, 3075; CC 225q; FSA)

F-880 SERVICES OF OTHER COUNTY AGENCIES F-880

Upon prior written approval of the SDSW, claims may be made by a county for costs incurred by other county agencies in furnishing goods, facilities, or services to the welfare department provided:

1. Such costs are permissible under county ordinances. In all cases the responsibility for the determination of the legality of such claim in respect to county ordinances rests with each individual county, and such determination shall be made prior to claiming federal participation.
2. Such costs are incurred to meet the administrative needs of the welfare department and are not costs attributable to the general expense of county government in carrying out the overall coordinating fiscal and administrative functions of the county government.
3. Such costs are extra, identifiable, and readily ascertainable either
   a. by segregation, or
   b. as a pro-rata share of the costs of such goods, facilities, or services.

Definition of Terms

"Goods" means articles or commodities, such as printed forms and office supplies.

"Facilities" means transportation and communications such as charges for cost of use of automotive equipment and telephone and telegraph. "Facilities" also includes charges for the cost of use of office furniture and machinery. The purchase price of capital outlay items is not claimable if disbursed from the appropriations of another county agency. If office furniture and machinery is purchased from the welfare department appropriation and is used by another county agency exclusively for welfare programs, the purchase cost may be claimed.

"Services" relates to personal services performed by officials or employees of other county departments.

(W&IC 116, 1622, 1560, 2140, 2302, 3075; CC 225q; FSA)

F-881 (Continued) F-881

If equipment is purchased from the welfare department appropriation, the purchase cost may be claimed even though such equipment in use may be located in the county auditors' office. If the purchase cost of such equipment is claimed, it shall be used exclusively for welfare department programs, otherwise an abatement of the purchase cost will be required to the extent of the undepreciated value of the property at the time use is diverted.

(W&IC 116, 1622, 1560, 2140, 2302, 3075; CC 225q; FSA)

F-882 SERVICES OF THE COUNTY DISTRICT ATTORNEY OR OTHER COUNTY LEGAL OFFICER F-882

Certain services performed by a county district attorney or other county civil legal officer are claimable if such services are "extra and identifiable" and are performed as an aid to the operation of the welfare department. Charges to be matchable shall be confined to the costs of goods, facilities, and services incurred as the direct result of rendering the services. Pro-rata costs including overhead such as office rent or other space costs, library facilities, and general management or supervision are not matchable.

Services performed by the district attorney or other county civil legal officer that fall within the general responsibility of his office are not matchable, such as the preparation of opinions on the legality of SDSW rules and regulations, other opinions rendered as part of the general functions of the office, or defense of the welfare department in litigation. Such services are usually performed for all county agencies and are therefore not "extra and identifiable" services performed solely for the welfare department.

Examples of services which are matchable include actions taken to enforce collection of amounts due from responsible relatives or from recipients or former recipients of public assistance or specific services with regard to the establishment of eligibility of recipients. In all instances the services need to be known in sufficient detail so that the costs of those that are matchable may be readily segregated.

Prior to claiming such services, the SDSW shall be consulted with respect to the specific cost plan to be used. Costs reported shall be clearly identified on the Administrative Expenditure Worksheet as expenses of the county district attorney or other county legal officer. The county shall maintain records to substantiate the costs of all such goods, facilities, or services for which reimbursement is claimed.

(W&IC 116, 1622, 1560, 2140, 2302, 3075; CC 225q; FSA)

F-881 (Continued) F-881

5. Other Goods and Facilities

Any other costs incurred during the study month for goods, services, and facilities may be similarly established.

The total cost thus established, divided by the total number of aid warrants issued during the study month, establishes the unit cost per warrant. This unit cost per warrant is then multiplied each month by the number of warrants issued for the categorical aids.

The unit cost data thus established shall be submitted to the SDSW for review and approval. Upon approval, it may be used for a period of not more than twelve months duration. A new unit cost shall be established at shorter intervals if there is reason to believe that material changes have occurred in costs.

B. CLAIMS ON AN ACTUAL COST BASIS

If the costs of goods, facilities, and services expended for warrant writing services for the categorical aids are readily ascertainable by segregation, the actual costs incurred may be claimed. Thus for salaries and wages, individual employees may spend full time on the categorical aids making the full monthly salary paid to such employees chargeable for this service. The costs of warrants, postage, envelopes, and any other goods or facilities are claimed as disbursements are made. The total monthly cost is pro-rated to the categorical aids in proportion to the number of warrants issued.

Costs, either unit or actual, shall be reported currently and shall be identified on the worksheets as auditor warrant writing services. The date of the SDSW approval letter shall be stated.

C. EXPENDITURES FOR PURCHASES OR REPLACEMENT OF OFFICE EQUIPMENT

If either actual or unit costs are claimed and an expenditure is made from the auditor's appropriation for office equipment to be used solely for the categorical aid programs, the monthly cost of use of such items may be claimed. Cost of use is defined as monthly depreciation, maintenance, and repairs.

(Section Continued on Next Page)

F-889 EXPENSES OF COUNTY BOARDS OF SUPERVISORS F-889

Claims may not be made for expenses of members of a county board of supervisors since they are not administrative costs of the welfare department but rather are costs of general county government.

(W&IC 116, 1622, 1560, 2140, 2302, 3075; CC 225q; FSA)

F-890 INSTRUCTIONS FOR COMPLETION OF CLAIMS F-890

A. BY COUNTY WELFARE DEPARTMENTS

Claims reporting administrative expenditures of county welfare departments shall be filed monthly with the SDSW on Forms DFA 222, Administrative Expenditures Certification, and DFA 64, Parts I and II, Administrative Expenditures Worksheet (see Sec. F-895 for number of forms required, packaging, and transmittal). Each monthly claim shall include all expenditures made during that month from the welfare appropriation plus any amounts to be reported for services of other county agencies.

1. Instructions for Completion of Form DFA 64, Part II, Administrative Expenditures Worksheet

All of the information required on Part II may be included on one page unless in rare instances a second page may be required to list employees in Sections U, V, and W.

Section U. Data for Merit System Employees Paid Less Than Full Month's Salary

This section is to be used by all Merit System Counties whenever less than a full month salary is reported for one or more employees. Salaries of county civil service employees paid less than full month salary who charge all or a part of their time to the CWS program are also to be entered in this section.

Section V. CWS - Supplemental to Part I, Col. D

Enter the names, classifications, and percentages reimbursable according to applicable CWS agreements. Prior fiscal year entries need be made only if expenditures are claimed currently but are applicable to a prior fiscal year.

(Section Continued on Next Page)

F-883 COUNTY CIVIL SERVICE COMMISSION F-883

Claim may be made for those special services excluding overhead costs rendered by a county civil service department for the county welfare department which are "extra and identifiable" and incurred on specific request by the SDSW. The term "extra and identifiable" as used here means that the services must be extra in the sense that they require an identifiable or segregable expense, additional to the normal work load of the local civil service department and are not the services that are regularly performed for all agencies of the county government including the welfare department.

As an example, claimable expenses might include the direct cost of special examinations for positions peculiar to the welfare programs on examinations needed to prevent extended provisional appointments in the local welfare department, if such special or extra examinations are not included in the local civil service department's regular examining program.

Revisions in individual class specifications, as another example, would not ordinarily be considered a special service within the meaning intended here, but would rather be a part of general administrative responsibility of the local civil service department and consequently not claimable. However, a special classification survey of the local welfare department considered essential to maintain the classification plan might be requested as an extra service, and as such, the cost thereof would be claimable.

Counties contemplating filing such claims shall first submit to the SDSW full particulars of the expenses to be claimed. Written SDSW approval is required prior to claiming.

(W&IC 116, 1622, 1560, 2140, 2302, 3075; CC 225q; FSA)

F-890 (Continued) F-890

2. Instructions For Completion of Form DFA 64, Part I, Administrative Expenditures Worksheet

Part I of Form DFA 64 provides for the identification and distribution of all expenditures claimed in a particular month and is not related by line item to Part II of Form DFA 64. Expenditures are segregated on Part I according to expenditure category as described in Section F-810, Item D. This segregation may be accomplished by using a separate set of forms for each category or if volume permits, one set of forms may be used for all categories, provided each category is properly segregated and headed. It is also necessary to use separate set of worksheets (Part I) whenever expenditures are reported which accrue to a prior fiscal year (AD, BHL & I, CWS). Such prior expenditures shall not be co-mingled with current expenditures.

Completion of Heading

In the heading of Part I enter the total number of pages being submitted and the number of each page (e.g., Page 7 of 10), the county, the month, the name of employee preparing the forms, and the county agency in which he is employed.

Identification of Expenditures

Enter in the identification columns the number and date of the county warrant for each expenditure reported. If the expenditure is by intra-county billing, enter the amount and date of the purchase order or requisition or other document involved. If there is neither a warrant or other expenditure document, the expense is not claimable unless there is a special approval by the SDSW. In such cases enter in the identification columns "SDSW letter" and the date of such letter.

Description

Care shall be taken that all expenditures are properly and adequately described in this column. If necessary, use more than one line of the worksheet. The description should be entered immediately after the warrant number for each item. Expenditures shall be listed according to category (See Sec. F-810, Item D). Each category shall be treated as follows:

(Section Continued on Next Page)

F-890 (Continued) F-890

Section W. Adoptions - Supplemental to Part I, Col. F

Enter for the current fiscal year the amount of the budget approved by the SDSW, the amount already claimed in prior months and the amount unencumbered prior to application of the current month's claim. Corresponding entries for the prior fiscal year shall be entered if the current month's claim includes an amount allocable to a prior fiscal year. Enter in the column provided the data for employees included in the adoption budget for the current year, stating name, classification and monthly salary for each employee.

Section X. Categorical Aid Percentage Ratios

To enable verification of the application each month of weights assigned to the programs in the categorical aid group (Col. ABC, Form DFA 64, Part I), Section X shall be completed for each monthly claim. Enter on Line 1 the case load weights for each categorical aid program as assigned by SDSW. Enter on Line 2 by programs the case load volumes for the month of claim. Enter on Line 3 for each program and total the weighted case loads. Weighted case loads are computed by multiplying each monthly program case load (Line 2) by its respective case weight (Line 1). Enter in Line 4 the percentage ratio for each program. These are computed by dividing the case load weights for each program (Line 3) by the total case load weight for all programs in Line 3. The percentage ratios are then used to distribute the expenditures by expenditure category allocated to Col. ABC of Form DFA 64, Part I. (See Item A 2 e of this section).

Section Y. Combined Boarding Home License Credits

This section combines Aged and Children Boarding Home License Credits, since it is not necessary to report separately for aged and children for either license credits or expenditures.

Enter in the left column for the current month of claim (1) the number of valid licenses in effect on the first day of the previous month, (2) the number of new licenses issued since the first day of the previous month, (3) the number of licenses terminated since the first day of the previous month, and (4) the number of valid licenses in effect on the first day of the current month. Entries shall be made in the other columns for prior months if there is an adjustment in the number of valid licenses to be reported for some prior month(s), in which event indicate the month and year at the head of each column required to be completed. Enter in the space provided an explanation of any adjustment included in Section Y in the number of licenses.

(Section Continued on Next Page)

Each item of capital outlay shall be adequately described. Give name of article such as table, chair, typewriter, addressograph, automobile, etc., and state the quantity of each article. Indicate also the make, type, style, and serial number, if any. If county inventory number system is used, state the county inventory number.

Real Property Acquisition or Improvement (RP)

Include in this category amounts being reported as amortization of building alterations and improvements or building purchase or construction. Amortization of separate projects shall be segregated as to project approval by SDSW. The approval letter date(s) shall be given.

Services of Other County Agencies (SOCA)

Enter in this category all expenditures for goods, facilities, or services from appropriations of other county agencies including warrant writing services which have been given prior written approval by SDSW. Describe each item adequately and state the date of the SDSW approval letter.

Completion of Columns ABC through M

Enter all direct charges to program in Cols. ABC through H.

Enter all joint charges in Col. J (2 columns). In the first column indicate the programs involved for each joint combination by the program column letters, A through H as applicable. Enter the amount for each joint charge in the second column.

Enter all overall charges in Col. K.

Enter in Col. L the total of all direct, joint, and overall charges. Do not include extraneous expenditures in Col. L totals.

Enter in Col. M all extraneous expenditures.

Distribution of Joint and Overall Charges to Programs

a. Sequence of Distribution

(1.) The total of direct salaries and wages for each program is first determined. (Cols. ABC through H)

(Section Continued on Next Page)

F-890 (Continued) F-890

Salaries and Wages (S & W)

Only welfare department salaries and wages shall be listed under this category. Salaries and wages claimed for other county agencies are treated in the category "Services of Other County Agencies (SOCA)".

The name of each welfare department employee shall be stated, grouped according to classification title for all merit system counties and for those civil service counties specifically requested to do so by SDSW.

For all other civil service counties (excepting for CWS and Adoptions as stated below) it is sufficient to list each civil service classification title, indicating the number of employees for each title. For civil service counties that are not required to list the names of individual employees, it is nevertheless necessary to list the names, warrant numbers, and dates of each individual employee for which reimbursement is being claimed in Adoption or CWS agreements, in addition to the information required in Sections U, V, and W of DFA 64, Part II.

Maintenance and Operation (M & O)

Included in this category are all expenditures from the welfare department appropriation for materials, supplies, and services, including travel and communication expenditures, equipment and building operation costs, rentals, maintenance, upkeep and repair, books and periodicals, small equipment costing less than $5 and any other expenditures not properly classified in one of the four other expenditure categories (S&W, CO, and RP, SOCA). Each item shall be adequately described. State the nature of the expenditure, e.g., rental for typewriters, typewriter service, auto maintenance, building rental, fuel, telephone, telegraph, travel expense, office forms, office supplies, janitor supplies, power, light, water, etc.

Capital Outlay (CO)

Include in this category only expenditures for movable equipment such as office furniture and fixtures, office machinery, automobiles, and trucks. Do not include, as capital outlay, equipment items of an individual cost of $5 or less. These are classified as maintenance and operation.

(Section Continued on Next Page)

F-890 (Continued) F-890

Example: Programs E, F, G, and H have total direct, and distributed joint and overall salaries and wages of $3,000, $300, $1,000, and $700 respectively or a total of $5,000 for the group. A joint charge for maintenance and operation allocable to this group is $300.

$300 ÷ $5,000 = .06, the ratio for that group
.06 x $3,000 = $180 allocable to Program E
.06 x $300 = $ 18 allocable to Program F
.06 x $1,000 = $ 60 allocable to Program G
.06 x $700 = $ 42 allocable to Program H

Total Joint Charge = $300-allocated

Percentage ratios should be carried a sufficient number of digits to the right of the decimal to insure correct distribution of charges.

(2) For overall charges: Divide the particular overall charge to be allocated, by the sum of the total distributed salaries and wages for all programs. The result is the ratio for that overall charge. Multiply this ratio separately by the salary and wage charge distributed to each program, Col. ABC through H. The result of each multiplication will be the amount of the overall charge to allocate to each of the welfare programs, Col. ABC through H. The principle here is the same as for joint charges except that all welfare programs are affected instead of only two or more but not all, as in a joint group.

d. Recording of Ratios

To facilitate verification of joint, and overall allocations by county personnel as well as by state and federal auditors, the ratios obtained for each joint and overall charge shall be entered opposite that charge in Col. L. The ratios should, however, be circled or parenthesized to avoid confusion with other figures in Col. L.

Entries on the worksheets effecting distributions of joint and overall charges shall be at least double spaced to permit any necessary state corrections to be entered above the county computations.

(Section Continued on Next Page)

F-890 (Continued) F-890

(2) All joint salary and wage charges are then distributed to program on the basis of total direct salaries and wages.

(3) The total overall charge for salaries and wages is then distributed to program on the basis of the sum of all direct and distributed joint charges.

(4) Joint and overall charges for maintenance and operation, capital outlay, real property acquisition and improvements, and services of other county agencies are then distributed to programs on the basis of the sum of all direct, plus distributed joint and overall salaries and wages.

b. Method of Distribution

Distribution to program of joint and overall charges is accomplished by the computation and application of percentage ratios.

A separate ratio is required for each of the following:

(1) Each joint distribution of salaries and wages

(2) The total charge for overall salaries and wages

(3) Each joint maintenance and operation combination

(4) The total overall maintenance and operation charge

(5) Each joint capital outlay combination

(6) The total overall capital outlay charge

(7) Each RP joint combination

(8) The total overall RP charge

(9) Each joint SOCA combination

(10) The total overall SOCA charge

c. Computation of Ratios

(1) For joint charges: Divide the total joint charge for each joint group by the sum of the total distributed salaries and wages of each program in the joint group. The result is the ratio for that joint charge. Multiply this ratio separately by the total distributed salary and wage charge for each program in the joint group. The result of each multiplication will be the amount of the joint charge to allocate to each particular program in the joint group.

(Section Continued on Next Page)

F-890 (Continued) F-890

The following example illustrates the application of the weighted case load method:

(1) Caseload Data

OAS	10,000
ANB	1,000
APSB	100
ANC-eligible	3,000
ANC-ineligible	500

(2) Caseload Weights

OAS	1
ANB-APSB	1.5
ANC	2

(3) Salaries and Wages of $100,000 appear in Column ABC of Form DFA 64, Part I.

(4) Computation of weighted case load

OAS	(10,000 x 1)	10,000
ANB	(1,000 x 1.5)	1,500
APSB	(100 x 1.5)	150
ANC-eligible	(3,000 x 2)	6,000
ANC-ineligible	(500 x 2)	1,000
Total Weighted caseload		18,650

(5) Computation of Percentage Ratios

OAS	10,000 ÷ 18,650 =	.53619
ANB	1,500 ÷ 18,650 =	.08043
APSB	150 ÷ 18,650 =	.00804
ANC-eligible	6,000 ÷ 18,650 =	.32172
ANC-ineligible	1,000 ÷ 18,650 =	.05362

(6) Application of Percentage Ratios to Expenditures for Salaries and Wages in Column ABC:

OAS	$100,000 x .53619 =	$ 53,620
ANB	$100,000 x .08043 =	8,040
APSB	$100,000 x .00804 =	810
ANC-eligible	$100,000 x .32172 =	32,170
ANC-ineligible	$100,000 x .05362 =	5,360
Total Salaries and Wages		$ 100,000

(Section Continued on Next Page)

F-890 (Continued) F-890

e. Redistribution of Col. ABC

Upon completion of the assignment of direct charges and the distribution of joint and overall charges to the programs in Cols. ABC through H, the expenditures thus distributed to Col. ABC are redistributed to the programs in the categorical aid group (OAS, ANB, APSB, ANC-eligible, and ANC-ineligible) by the weighted case load method.

Under this method, distribution is made on the basis of the size of the case load of each program each month. Since it is known that administrative effort per case varies between the categorical aid programs, weights are assessed to the case loads by program. These weights are determined by SDSW for each county from the actual distribution of charges to the categorical aid programs appearing on administrative expenditure claims for a previous period. At periodic intervals SDSW will request individual counties to conduct and report upon time studies of programs in the categorical aid group for a particular month. Such studies will be used by SDSW to make any necessary revisions in the case load weights for individual counties.

Percentage ratios, computed for each categorical aid program on Line 4 of Section X of Form DFA 64, Part II, are applied by expenditure category (S&W, M&O, CO, RP, and SOCA) to the amounts entered in Col. ABC of Part I. The amounts thus redistributed to the categorical aid programs are then brought forward by expenditure category to the Administrative Expenditures Certification, Form DFA 222, Lines A, B1, B2, C1, and C2.

(Section Continued on Next Page)

F-890 (Continued) F-890

Col. 9, Federally Reimbursable Expenditures

Enter in Col. 9 for each line, A through D, as applicable, the differences between the amounts entered in Col. 7 and the amounts entered in Col. 8.

Col. 10, Federal Shares

For Lines A, B1, and C1, enter one-half of the amount entered on these lines in Col. 9. For Line D, both current and prior fiscal years, enter the full amounts in Col. 9.

Col. 11, State Shares

In Line E, enter separately by current and prior fiscal year as applicable, the amounts entered on that line in Col. 7 but not to exceed $4 times the number of valid licenses for each month involved as reported in Section Y of Form DFA 64, Part II.

In Line F, current and prior fiscal years as applicable, enter the full amount entered on that line in Col. 7, according to approved adoption budgets as set forth in Section W of Form DFA 64, Part II.

Col. 12, County Shares

Enter for each line, A through H, the differences between the amounts shown in Col. 7 and the federal or state shares in Col. 10 or Col. 11.

Col. 13, For State Use Only

Do not make any entries.

b. Calculation of Totals and Cross Balancing

Enter on Line L, for all columns, the totals of Lines A through H. Check addition and subtraction of all lines and columns and the totals on Line L to assure accuracy of all entries. The totals on Line L, Cols. 2, 3, 4, 5, and 6 must agree with the sum of the total expenditures for each category as reported in Col. L of Form DFA 64, Part I. Note: While the rules on allocation as to months and fiscal years (See Sec. F-830) may require segregation as to specific months on Part I of Form DFA 64, such items are segregated only by fiscal year on the claim certification. These involve CWS, Boarding Home Licensing and Inspection, and Adoption programs since expenditures for the categorical aids are allocated on a cash flow basis to the current month of claim.

(Section Continued on Next Page)

F-890 (Continued) F-890

3. Instructions For Preparation of Form DFA 222, Administrative Expenditures Certification

a. Distribution of Expenditures and Shares

The distribution of all joint and overall charges on the Administrative Expenditures worksheet (Form DFA 64, Part I) shall be completed and the worksheet totals proved before entries are transferred to the Administrative Expenditures Certification. The data from the worksheets are transferred to the Administrative Expenditures Certification in Cols. 1 through 12, the entries being made on Lines A through M, according to program as applicable. Columnar entries on the certification shall be typed as close to the ruled lines as possible to leave space for the state to make any necessary corrections immediately above the county figures. Use of a typewriter with elite type is recommended.

Col. 1, County Welfare Programs

If there are any expenditures to be reported for programs on Lines D, E, or F, which are applicable according to established rules to months in prior fiscal years, enter the applicable fiscal years in Col. 1 on the appropriate lines.

Cols. 2, 3, 4, 5, 6, and 7 Expenditures According to Category

Enter in Cols. 2, 3, 4, and 5, on the appropriate lines, from data on the Administrative Expenditure Worksheets, the amounts of all welfare department salaries and wages, maintenance and operation, capital outlay, and real property acquisition and improvements. Enter in Col. 6 all expenditures to be claimed for services of other county agencies. Enter the total expenditures for each Line, A through M, in Col. 7.

Col. 8, Non-Federal Expenditures

From the totals in Col. 7, enter in Col. 8 for each line, as applicable, that portion of expenditures which is not subject to federal participation. These are APSB (Line B-2), ANC ineligible (Line C-2), that part of Line D (CWS) not reimbursable according to agreement, and all of the remaining programs, Lines E through H.

(Section Continued on Next Page)

F-895 PACKAGING AND TRANSMITTAL OF ADMINISTRATIVE EXPENDITURE CLAIMS F-895

A. BY COUNTY WELFARE DEPARTMENTS

Monthly claims filed with the state for administrative expenditures shall be forwarded by the counties so as to be received by the SDSW not later than the 10th of the month immediately following the month of claim. The ability of the state to prepare quarterly statements of expenditure for the Federal Government within the required deadline, which is necessary to assure timely monthly advances of federal moneys to the counties, depends upon prompt transmittal of county claims.

All administrative expenditure claims shall be addressed to SDSW, 616 K Street, Sacramento 14, Attention: Bureau of County Claims. Statistical reports and material for other bureaus or divisions of the central office shall not be packaged with claims.

The administrative expenditure claims shall be submitted in the following copies:

1. Administrative Expenditures Certification (Form DFA 222) in quadruplicate.

2. Administrative Expenditures Worksheet (Form DFA 64 - Parts I and II) in quadruplicate.

3. Any supplemental county schedules or worksheets in quadruplicate.

B. BY OTHER COUNTY AND CITY AGENCIES

Claims for administrative expenditures in the Adoption program and in the Boarding Home Licensing and Inspection program, when submitted by agencies other than county welfare departments, shall be transmitted to the SDSW in the same manner as provided above for county welfare department claims except that they shall consist of the following forms.

1. Adoption Administrative Expenditure claims

   Form AD 807, Certification (in quadruplicate)
   Form DFA 64c, Administrative Expenditures Worksheet (in quadruplicate)

2. Boarding Home Licensing and Inspection claims

   Form BH 80, Certification (in quadruplicate)
   Form DFA 64c, Administrative Expenditures Worksheet (in quadruplicate)

(WAIC 116)

F-890 (Continued) F-890

c. Signatures on Form DFA 222, Administrative Expenditures Certification

Form DFA 222 is the document which states net amounts claimed by the county from state and federal funds. It is the certification of county officials that the claim is correct and includes only proper administrative expenditures. The certification shall be accomplished by affixing the personal signatures of the county welfare director and the county auditor or auditor-controller in all cases, except that during the absence of such officials, this authority may be delegated by the welfare department to an acting welfare director and by the county auditor to a deputy county auditor. Such substitute signatures will be accepted, provided the SDSW is notified of the persons so authorized to sign. Signatures of employees not acting in the capacity of county welfare director or deputy auditor cannot be accepted as certifying to county expenditures.

B. BY OTHER COUNTY AND CITY AGENCIES

Agencies other than county welfare departments which are licensed or accredited to administer the Adoption or Boarding Home Licensing and Inspection program for aged and children, shall not use the forms specified in Item A of this section but shall use instead the following forms:

1. For Adoption Administrative Expenditure Claims:

Form AD 807, Adoption Administrative Expenditure Certification

Form DFA 64c, Administrative Expenditure Worksheet

2. For Aged and Children's Boarding Home and Licensing Claim:

Form BH 80, Certification

Form DFA 64c, Administrative Expenditure Worksheet

Insofar as the rules on preparation of the claim as set forth in Item A of this section apply to the above programs and forms, they also apply for claims filed by other county and city agencies.

(W&IC 116)

CHAPTER IX

CLAIMS FOR STATE SUBVENTION

F-900 (Continued) F-900

The following are the amounts of state subvention allowable per recipient for the different periods:

Effective March 1, 1950, $35.20 per month, or portion of a month.

October 1, 1949, through February 28, 1950, $27.50 per month, or portion of a month.

Prior to October 1, 1949, the state share of the grant the recipient was receiving when he entered the institution, with no overlapping of aid and subvention.

Each quarterly claim, upon approval by SDSW, is certified to the State Controller for payment to the county by state warrant.

(W&IC 2140, 2160.7, 3044.1, 3075; AGO NS 5350)

F-900 CLAIMS FOR COUNTY INSTITUTIONAL SUBVENTION F-900

Institutional subvention claims are for state payments to counties for medical, hospital, or infirmary care extended to former recipients of OAS or ANB (APSB excluded) in county institutions. These claims shall be submitted on the following forms:

1. Certification, Form AB 800-H, (to be submitted in triplicate) certifies to the total amount of state subvention claimed.

2. Claim, Form AB 801-H, (to be submitted in original only) lists the names and state numbers of the persons for whom subvention is claimed, and indicates the month(s) claimed for each person. This form is also used to make corrections for any prior overclaims. Opposite each such correction item a short explanation shall be given of the correction.

Only one claim for each calendar quarter shall be filed for each program, including corrections and supplemental claims for prior quarters. Each claim shall include (a) all persons for whom county institutional subvention has been requested in accordance with Sec. A-990 of the Manual of Policies and Procedures - OAS and Sec. B-518 of the Manual of Policies and Procedures - AB, and (b) who were confined in county hospitals or infirmaries during the months in the calendar quarter(s) covered by the claim.

Supplemental claims for prior months shall be listed at the end of the claim for the current quarter. The month(s) for which each claim is made shall be clearly indicated. The number of persons on the supplemental claims shall be added separately on the Claim, Form AB 801-H, and carried forward to the Certification, Form AB 800-H, in the appropriate item.

Enter "X's" in the proper columns on the Claim, Form AB 801-H, to indicate the month(s) for which subvention is being claimed for each former recipient. The total number of persons shown for each month on Form AB 801-H is carried forward to the Certification, Form AB 800-H, on which is computed the total amount of the subvention claimed.

The quarterly claim shall be submitted to the SDSW in the number of copies stated above, not later than the 10th of the month following the end of the quarter for which the subvention is claimed.

(Section Continued on Next Page)

F-920 (Continued) F-920

C. SUBMISSION OF CLAIMS

Whenever adoption cost of care subvention is claimed, the claim shall be filed on a quarterly basis on Forms AD 800 (in triplicate), AD 801 (in duplicate), and AD 803 (in duplicate) and shall be submitted to the SDSW by the 10th of the month following the calendar quarter. Each item in the cost of care of the child shall be listed on Form AD 801 and supported by a county warrant number or other expenditure document number. The date of the disbursement shall also be shown. Expenditures claimed as county supplemental aid in ANC or as General Relief shall be so identified on Form AD 801. Expenditures incurred, but not disbursed, can not be allowed. Amounts reported in offset of cost of care expenditures shall be listed on Form AD 803.

Claims for individual children will not ordinarily be made until after placement. Nevertheless, a county adoption agency may claim reimbursement on a quarterly claim for amounts expended for a relinquished child or a child freed for adoption by action in lieu of relinquishment who has not yet been placed for adoption. However, once reimbursement in any amount has been claimed and allowed for the cost of care of a particular child, no further reimbursement will be allowed for any additional cost of care of that child regardless of the additional cost or the length of time the county provides the care. Claims for reimbursement for care of a particular child may be included in the claim for any quarter beginning with the quarter in which relinquishment or action in lieu of relinquishment is effective, but not later than the claim for the fifth calendar quarter following the quarter in which placement, or cancelation or rescission of the relinquishment occurred.

Quarterly claims, upon approval by SDSW, are certified to the State Controller for payment to the county by state warrant.

(W&IC 115, 116; CC 225p)

F-940 CLAIMS FOR TRANSPORTATION OF NEEDY CHILDREN F-940

Claims for one-half the expense necessarily incurred in transporting needy children to proper homes outside of the state (see Secs. C-450, C-453, and C-456 of the Manual of Policies and Procedures - ANC) shall be submitted to the SDSW area office immediately after transportation is effected. Claims shall be submitted in quadruplicate on Form DFA 140, Claim for Transportation of Needy Children, and shall be accompanied by certified copies or photostatic copies of original vouchers, or by a detailed explanation showing the amount and necessity for each charge. All transportation company charges shall be covered by vouchers or photostatic copies thereof.

Transportation of needy children claims, Form DFA 140, are audited in the SDSW against the vouchers submitted by the county and, upon approval by SDSW, are certified to the State Controller for payment to the county by state warrant.

(W&IC 1560, 1580)

F-920 CLAIMS FOR ADOPTION COST OF CARE SUBVENTION F-920

State subvention is available to licensed county adoption agencies for all or a portion of the cost of care of children accepted for placement from the date the relinquishment is signed by the natural parent or parents, or action is taken in lieu of relinquishment, until the date of placement for adoption or the date the relinquishment is canceled or rescinded. After deducting amounts received to defray cost of care, subvention is allowable each quarter for claimable costs in an amount not to exceed $200 multiplied by the number of children for whom cost of care is claimed.

A. CLAIMABLE COSTS

Cost of care is defined as the cost to the county of goods, facilities, and services incurred to meet the needs of children accepted for placement, including housing, food. clothing, medical, dental, nursing or psychiatric services, and other personal needs. It does not include expenditures incurred prior to relinquishment or action in lieu of relinquishment nor expenditures incurred subsequent to placement or cancelation or rescission of relinquishment. Neither does it include costs classified in Sec. F-850, Item A1, as administrative expenditures.

Amounts paid to meet the needs of children under the ANC law (excepting county supplemental aid) are not claimable as adoption cost of care. County supplemental aid in ANC or General Relief paid is claimable.

B. DEDUCTIONS FROM CLAIMABLE COSTS

All amounts received by the county to defray the cost of care of children accepted for placement shall be deducted from the claim of the quarter in which such amounts are received or, if no claim is filed for that quarter, in the next quarterly claim. These include all amounts received from adoptive parents as fees collected under Sec. 225p of the Civil Code. Payments by petitioners under Sec. 225p may not be required for the cost of care rendered under the ANC program (except county supplemental aid). If such payments are voluntarily made, they shall be reported as repayments in the usual manner on an ANC claim. Payments made by petitioners of county supplemental ANC or county General Relief are to be reported on the adoption cost of care claim as deductions from claimable costs.

In claiming, an amount received is not necessarily applied in offset to the cost of care of the particular child for which received. Such amounts are deducted from the total cost of care in the claim for the quarter in which reported and may have been paid for children for whom cost of care has been claimed in a previous quarter.

(Section Continued on Next Page)

MANDATORY AND RECOMMENDED FORMS (Continued)

FORM NUMBER	TITLE
5. SPECIAL REPORTS TO SDSW	
DFA 112	Report on Deceased Recipients
DFA 117	Request for Approval to Claim Space Costs
DFA 117A	Data Supporting Request for Approval to Claim Costs for Construction or Purchase of Building
DFA 117B	Data Supporting Request for Approval to Claim Building Alterations and Improvements
ABC 830	Repayment Receivable Report
CA 818	Adjustment Under W&IC 1512(c)
6. FORMS KEPT ON FILE IN COUNTY	
*ABC 821	Batch Voucher of Individual County Authorizations
*ABC 822	Register of County Authorizations
ABC 831	Repayment Receivable Record
BHA 30.1	License Boarding Home for Aged
BHC 30.1	License Boarding Home for Children
DFA 42	Employee's Individual Daily Time Record
DFA 43	County Employee's Monthly Time Record
7. MISCELLANEOUS FORMS	
DFA 171	Affidavit - Payment of Warrants
DFA 172	Acknowledgment of Aged, Blind and Children's Aid Payments
DFA 173	Certificate of Evidence for Aged, Blind and Children's Aid Payments
*Suggested Form A	Statement of Debtor's Resources
*Suggested Form B	Agreement to Reimburse Note (Installments)
*Suggested Form C	Agreement to Reimburse Note (Demand Note)
*Suggested Form D	Confession of Judgment

MANDATORY AND RECOMMENDED FORMS

FOR USE BY COUNTY WELFARE DEPARTMENTS AND OTHER AGENCIES

The following SDSW forms are mandatory, except for those marked *, which are recommended only. If mandatory forms are not suitable to special mechanical equipment of a county, forms designed by the county, adapted to such mechanical use, may be used in lieu thereof upon prior written approval of the SDSW. Such forms, to be approved, must accomplish the purposes and provide all of the data required on mandatory forms.

FORM NUMBER	TITLE
1. QUARTERLY ESTIMATE OF EXPENDITURES	
Ag 809	OAS Estimate of Quarterly Expenditures
Bl 809	ANB Estimate of Quarterly Expenditures
APSB 809	APSB Estimate of Quarterly Expenditures
CA 809	ANC Estimate of Quarterly Expenditures
2. CATEGORICAL AID CLAIMS	
Ag 800	OAS Certification
Bl 800	ANB or APSB Blind Certification
CA 800	ANC Certification
AB 801	Aid Payroll (Or Contra Roll) (OAS, ANB, APSB)
CA 801	ANC Payroll (Or Contra Roll)
CA 801-BHI	ANC Payroll (Or Contra Roll) (BHI)
AB 802	Claim Summary Sheet (OAS, ANB, APSB)
CA 802	Claim Summary Sheet--ANC
ABC 803	Schedule of Repayments
ABC 808	Report of Repayment
AB 816	Schedule of Adjustments (OAS, ANB, APSB)
CA 816	Schedule of Adjustments (ANC)
ABC 820	Reconciliation Statement
3. CLAIMS FOR ADMINISTRATIVE EXPENDITURES	
DFA 64-Part I	Part I - Administrative Expenditures Worksheet
DFA 64-Part II	Part II- Administrative Expenditures Worksheet
DFA 64C	Administrative Expenditures Worksheet
DFA 222	Administrative Expenditures Certification
AD 807	Adop. Administrative Expenditure Certification
BH 80	Certification - Boarding Home Licensing
4. CLAIMS FOR STATE SUBVENTION	
AB 800-H	Certification State Subvention (OAS, ANB)
AD 800	Certification - Adoption Cost of Care Subvention
AB 801-H	Claim for State Subvention for Care of Former Recipients in County Institutions (OAS, ANB)
AD 801	Detail - Individual Cost of Care - Adop. Program
AD 803	Detail - Amounts Collected to Defray Cost of Care - Adop. Program
DFA 140	Certification For Transportation of Needy Children

(Continued on Next Page)

THE DEPARTMENT OF SOCIAL WELFARE

OF THE

STATE OF CALIFORNIA

Hereby Issues **LICENSE** No._____

To_____

NAME

_____

ADDRESS

_____

TOWN

_____

COUNTY

TO CONDUCT A BOARDING HOME FOR CHILDREN

in accordance with Section 1620 of the Welfare and Institutions Code of California, and the rules and standards prescribed by the State Department of Social Welfare.

This license authorizes the care of children within these limitations only:

Number of Children_____ Type of Care_____

Other Limitations (such as age or sex):_____

_____

LICENSE HOLDER SHALL NOT VIOLATE TERMS OF THIS LICENSE

STATE DEPARTMENT OF SOCIAL WELFARE

Date Issued_____ _____

Director

Date Expires_____ By_____

Name of Accredited Agency

This license is for above person and address only and is not transferable

_____

Executive Officer

BHC 30.1. REV. 5.51

THE DEPARTMENT OF SOCIAL WELFARE

OF THE

STATE OF CALIFORNIA

Hereby Issues LICENSE No._____

To _____

NAME

_____

ADDRESS

_____

TOWN

_____

COUNTY

TO CONDUCT A BOARDING HOME FOR AGED PERSONS

in accordance with Section 2300, Welfare and Institutions Code of California, and the rules and regulations prescribed by the State Department of Social Welfare.

This license authorizes the care of aged persons as follows only:

Number_____ Other Limitation_____

LICENSE HOLDER SHALL NOT VIOLATE TERMS OF THIS LICENSE

STATE DEPARTMENT OF SOCIAL WELFARE

Date Issued_____ _____

Director

Date Expires_____ By_____

Name of Accredited Agency

This license is for above person and address only and is not transferable

_____

Executive Officer

BHA 30.1. REV. 8-46

State of California — Department of Social Welfare

COUNTY EMPLOYEE'S MONTHLY TIME RECORD

COUNTY OF: _____ FOR THE MONTH OF _____ 19__

NAME	TITLE	SALARY	TOTAL HOURS	PER CENT	SALARY COST TO PROGRAM
Allocable Time	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	21 22 23 24 25 26 27 28 29 30 31			
(ABC) Categorical Aid Group					
(D) Child Welfare Services					
(E) Boarding Home Lic. and Insp.					
(F) Agency and Independent Adoptions					
(G) County General Relief					
(H) Other County Welfare Programs					
(J) Joint Charges ( )					
(K) Overall Charges					
(L) Total Allocable Time					X
(M) Extraneous					

COMPLETION OF ITEMS BELOW THIS LINE IS OPTIONAL IF OTHER RECORDS OF SICK LEAVE AND VACATION ARE MAINTAINED

(N) Non-Allocable Time		
(O) Vacation (Days)		
(P) Sick Leave (Days)		
(Q) *Other Time Off (Days)		
(R) Total Time (Items L thru Q)		

*Explanation of Item Q

CERTIFICATION OF EMPLOYEE

I Hereby Certify That this is a true and accurate report of my time.

SIGNATURE OF EMPLOYEE _____

DATE OF SIGNATURE _____ 19__

CERTIFICATION OF SUPERVISOR

I Hereby Certify The employee's daily time records have been examined and that, to the best of my knowledge and belief this time record is true and correct.

SIGNATURE OF SUPERVISOR

DATE OF SIGNATURE _____ 19__

VACATION

Brought Forward _____ Days

Earned during month _____ Days

Taken during month _____ Days

Balance carried forward to next month _____ Days

SICK LEAVE

Brought Forward _____ Days

Earned during month _____ Days

Taken during month _____ Days

Balance carried forward to next month _____ Days

Form DFA 43 (Revised) - July 1952

State of California Department of Social Welfare

STATE OF CALIFORNIA

COUNTY_____

EMPLOYEE'S INDIVIDUAL DAILY TIME RECORD

NAME_____ DIVISION_____

TITLE_____ DATE _____ 19____

(Read instructions carefully before filling out this form)

WORK PERFORMED	TIME WORKED[2]		ELAPSED TIME (Difference between Columns 2 & 3)	REMARKS (5)
Program[1] (1)	Commenced (2)	Finished (3)	Minutes (4)	

1. Use the following abbreviations: ABC (Categorical Aid Group), CWS (Child Welfare Services), BH (Boarding Home Licensing & Inspection), AD (Agency and Independent Adoptions), GR (County General Relief), OWP (Other County Welfare Programs), JT (Show Programs) (Combination of more than one but not All Programs), OV (Overall-All Programs), EX (Extraneous), TR (Travel Time), VAC (Vacation), SL (Sick Leave), OTO (Other Time Off), ONA (Other Non-Allocable).

2. Record Time to nearest five minutes.

Form DFA 42 (Revised July 1952)

State of California — Department of Social Welfare

PART II--ADMINISTRATIVE EXPENDITURES WORKSHEET

Compiled By _____ Page _____ of _____

County Agency _____ For All Programs and Categories of Expenditure. County _____

Month _____, 195__

U. Data for Merit System Employees Paid Less Than Full Month's Salary

Employee Name and Classification	Dates Employed During Month From	Dates Employed During Month To	No. of Days Paid	No. of Days Full Month	Amt. of Gross Salary Paid	Rate of Pay For Full Month	Explanation (Reason for payment of less than full month's salary)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

X. Categorical Aid Percentages Ratios

Programs Involved	OAS	ANB	APSB	ANC	ANC Incl.	Total
1. Weights Per Case (Assigned by SDSW)						
2. Case Load Data For Mo. of Claim						
3. Weighted Case Load (Line 1 x Line 2)						
4. *Percentage Ratio						

* Calculation: From Line 3, Individual Weighted Case Loads are divided by Total Weighted Case Load. Totals for each expenditure category stated on DFA 64 Part I are multiplied for each program by the percentage ratio to determine amounts allocable to programs.

V. CWS - Supplemental to Part I, Col. D

Percentages per CWS Contract

Employee	Classification	Percent

W. Adoptions - Supplemental to Part I, Col. F

Budget Agreement Data	Current Fiscal Year	Prior Fiscal Year
Adoption Budget for Full Year		
Amounts Previously Claimed and Allowed		
Budget Remainder Unclaimed Prior to This Month		

Employees Included in Current Year Budget

Name	Class.	Mo. Salary

Y. Combined Boarding Home License Credits

Current Month		Prior Months (Indicate Month Covered) →					
Licenses Valid First Day of Previous Month		Number of Licenses Claimed as Valid on First Day of Mo.					
Add New Licenses Since Issued		Add Number of Valid Licenses Omitted from Original Claim					
Deduct Licenses Since Terminated		Deduct No. of Terminated Lic. Omitted from Original Claim					
Licenses Valid on First Day of Current Month		Corrected No. of Licenses in Effect on First Day of Mo. ind.					

Remarks

Form DFA 64 - Part II (Revised July 1952) Forward four copies, Part I and II, with four signed copies of Form DFA 222, Certification, to Department of Social Welfare, Sacramento

State of California

Department of Social Welfare

PART I--ADMINISTRATIVE EXPENDITURES WORKSHEET

Compiled By_____

County Agency_____

For All Programs and Categories of Expenditure.

Page_____ of_____

County_____

Month_____, 195__

Identification of Expenditures			A-B-C	D	E	F	G	H	J		K	L	M
Warrant									Joint Expenditures				
Date	Number	Description	Categorical Aid Group	Child Welfare Services	Boarding Home Lic. and Insp.	Agency and Independent Adoption	General Relief	Other Welfare Programs	Indicate Programs by Col. Letters ABC thru H	Amount of Joint Charge	Over-all	Total Allocable Expenditures Columns A thru K	County Extraneous Expense
													1
													2
													3
													4
													5
													6
													7
													8
													9
													10
													11
													12
													13
													14
													15
													16
													17
													18
													19
													20
													21
													22
													23

Form DFA 64 -- Part I (Revised July 1952)

Forward four copies, Parts I and II, with four signed copies of Form DFA 222, Certification, to Department of Social Welfare, Sacramento

State of California

Forward Four Copies To
State Department of Social Welfare
616 K Street
Sacramento, California

CERTIFICATION

MONTHLY CLAIM FOR REIMBURSEMENT FOR INSPECTION AND LICENSING SERVICES
RENDERED UNDER SECTIONS 1622 or 2302 OF THE WELFARE AND INSTITUTIONS CODE
BOARDING HOMES FOR AGED AND CHILDREN

From _____ Accredited Agency

For the Month of _____, 19___ _____ Fiscal Year
(For State Use Only)

1. CURRENT MONTH

A. Number of valid licenses . . . . . _____

B. Basis For State Participation (Number of valid licenses X $4.00) $ _____

C. Administrative Expenses this month. (Form DFA 64c). . . . . $ _____

D. Amount Claimable from State Funds. (lesser amount, either Item B or Item C). . . . . $ _____

2. PRIOR MONTHS

Month Covered Col. A	Number of Valid Licenses Not Previously Reported Col. B	Administrative Expenses Not Previously Reported Col. C	Amount Claimable This Month From State Funds Col. D
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
TOTALS		$	$

3. Total Amount Claimable from State Funds (Sum of Item 1-D and the total of Item 2, Col. D) . . . . . $ _____

FOR STATE USE ONLY

4. State Share of adjustments . . . . . $ _____

5. Total adjusted amount due from State Funds . . . . . $ _____

I hereby certify, under penalty of perjury, that I am the executive officer of the agency accredited and approved by the State Department of Social Welfare to perform inspection and licensing functions under Chapter 1, Part 3, Division 2 or Chapter II, Division 3 of the Welfare and Institutions Code; that I have fully complied with the law, rules and regulations governing these inspection and licensing functions; and that the licenses stated herein were valid on the first day of the month(s) for which reimbursement is claimed.

_____
EXECUTIVE OFFICER OF THE ACCREDITED AGENCY

TITLE _____

DATE _____, 195___

I hereby certify, under penalty of perjury, that warrants have been issued, or expenditures otherwise incurred in settlement of the Administrative Expenses reflected in this certification.

_____
SIGNATURE OF COUNTY AUDITOR OR OTHER FISCAL OFFICER

DATE _____, 195___

FOR STATE USE ONLY

Form BH 80, Revised July 1952

State of California

Department of Social Welfare

ADMINISTRATIVE EXPENDITURES WORKSHEET

FOR ALLOCATION OF EXPENDITURES OF THE BOARDING HOME LICENSING AND ADOPTION PROGRAMS

Prepared by_____

Agency_____

For use of agencies other than county welfare departments in reporting expenditures for Salaries and Wages, Maintenance and Operation, Capital Outlay and Services of Other Agencies.

Month_____, 195__

1		2	3	4	5	6	7	8
Warrant		Name and Classification Title of Each Employee and/or Object of Expenditure	Total Allocable Expenditures	Inspection and Licensing of Aged & Children Boarding Homes	Adoptions	Other Programs	Joint Expenditures	Overall Expenditures
Date	Number							

Form DFA 64c, Revised July 1952. To accompany Form BH 80 or AD 807. Forward four copies to the State Department of Social Welfare, 616 K Street, Sacramento, California

State of California Department of Social Welfare

REQUEST FOR APPROVAL TO CLAIM SPACE COSTS

Submit six copies to State Department of Social Welfare along with six copies of Forms DFA 117A or DFA 117B as applicable.

COUNTY _____ DEPARTMENT _____

LOCATION OF PREMISES _____

1. Approval is requested to claim expenditures for space costs for the above premises as follows:

   A. Purchase or Construction of Building (Form DFA 117A) $_____
   B. Building Alterations and Improvements (Form DFA 117B) $_____

2. Approval of this request will result in total estimated space costs at the above location as follows:

ITEM	TOTAL COST	PERIOD TO WHICH APPLICABLE	MONTHLY AMOUNT	PERCENTAGE OF WELFARE DEPT. USE	MONTHLY AMOUNT ALLOCABLE TO WELFARE DEPT.
Private Building Rental (If any)					
Janitorial Services and Cleaning					
Heating Costs					
Power and Lighting					
Water					
Insurance and Protection Costs					
Maintenance Repair and Painting					
Other (Specify)_____					
Unamortized Portion of Previously Approved Costs:					
Alterations and Improvements					
Purchase or Construction Costs					
Estimated Cost of this Request					
Total Proposed Space Costs					

3. I hereby certify that the foregoing is an accurate estimate of the proposed space costs for the premises stated.

   Date _____ _____
   Signature of County Officer Making Request
   Title _____

4. To Federal Security Agency:
   Based on our review of this proposal, we find that _____ the housing standards established by us for county welfare departments and therefore recommend _____

   Date _____ Signed _____
   Title _____

5. Action of Federal Security Agency: (Required for Building Purchase or Construction only)
   The foregoing request is hereby _____

   Date _____ Signed _____
   Title _____

Form DFA 117, Revised July 1952

State of California

Department of Social Welfare

REPORT ON DECEASED RECIPIENTS
(for use in filing claims against estates)

Name _____ State Case No. _____ County Case No. _____
Date of Death _____ County Collection No. _____ County Probate No. _____
Name of Personal Representative _____ Title _____
(Executor, Administrator, etc.)

Full Address _____ Date Letters Issued and Exec. or Admin. Qualified _____
Name of Attorney for Personal Representative _____ Full Address _____
First Date of Publication of Notice to Creditors _____ Date Inventory Filed _____
Date Assets First Became Excessive _____ Total Amount Apparently Recoverable Under Section 2223 $ _____
Total Amount of OAS Paid (According to County Records) $ _____
Date Request for Special Notice Filed _____
Is Spouse Receiving: OAS ☐ ANB ☐ APSB ☐ If so give date aid began

REAL PROPERTY

Type of Title: (Joint Tenancy, Life Estate, etc.)

Appraised Value	$
Assessed Value	
Total Real Property	$

PERSONAL PROPERTY

Cash	$
Bank Account	
Joint Bank Accounts	
Joint U. S. Bonds	
Insurance	
Joint Deposit Boxes	
Stocks and Bonds	
Unreported Income	
Other Personal Property (Explain)	
Total Personal Property	$

How and when was excess property or income discovered? (Give dates, transcriptions of bank accounts, dates of purchase of stocks and bonds, also show quotation of stocks during the period involved). Use Reverse Side If More Space Needed.

RECORD OF AID PAID

DATES AID RECEIVED		AMOUNT PAID PER MONTH	TYPE OF CASE (Check)			
FROM	TO		REGULAR	NON-FED.	NON-CO.	NON-FED. NON-CO.
		$				

Use Reverse Side For Additional Information

CERTIFICATE

In view of the facts set forth in this report, action by the State Department of Social Welfare under the provisions of Section 2223 of the Welfare and Institutions Code is hereby recommended.

SIGNED: _____
TITLE: _____
DATE: _____

Form DFA 112, Revised October 1950

FOR STATE USE ONLY

Attorney General
Sacramento, California

Recommendation is hereby made that the enclosed claim be filed in this matter in the amount of $ _____ (Per schedule of aid paid attached hereto).

SIGNED: _____
DATE: _____

2. If no, indicate (a) floor area in square feet occupied by Welfare Department_____, by other agencies_____ and percentage of Welfare Department occupancy_____. (b) Floor area of commonly used space such as hallways, elevators, lobbies, stairways, etc._____ and fair percentage of Welfare Department use_____.

3. Computation of cost per month (Total cost as stated in A divided by life in months as stated in B multiplied by the percentage of Welfare Department Occupancy as stated in C2 (a) + (b)_____.

D. Are alterations and improvements needed prior to occupancy?_____
(yes) (no)

(If "yes", submit separate Forms DFA 117B)

E. What is the expected date of occupancy?_____

IV APPROVAL OF CONTRACT:

A. If construction is involved, bids are required from two or more entities before approval of contract. This is required even though the work may be done by employees of the county. By whom and what were the amounts of those bids? To whom was the contract let?_____

_____

_____

_____

B. Have methods been developed for evaluating the contractors conformity with the contracts and measuring the quality and quantity of work performed?
_____ Explain _____
(yes) (no)

_____

_____

_____

_____

C. Floor plans and specifications are required to be submitted with the proposal. Describe briefly the material submitted:_____

_____

_____

_____

_____

V AVAILABILITY AND COST OF COMPARABLE FACILITIES:

A. Were the costs of similar quarters within the community investigated to determine whether the total space costs for the present premises, including this request, were greater or less than would be incurred elsewhere?
_____
(yes) (no)

B. Are such quarters with suitable facilities available?_____
(yes) (no)

Form DFA 117A - Page 2, Revised July 1952

State of California — Department of Social Welfare

DATA SUPPORTING REQUEST FOR APPROVAL TO CLAIM COSTS FOR CONSTRUCTION OR PURCHASE OF BUILDING

Submit six copies to Department of Social Welfare, 616 K Street, Sacramento, along with six copies of Form DFA 117.

COUNTY _____ DEPARTMENT _____

I DETERMINATION OF NEED FOR CONSTRUCTION OR PURCHASE (Explain fully): _____

_____

_____

_____

II LOCATION AND DESCRIPTION OF PROPOSED CONSTRUCTION OR PURCHASE:

A. Location: _____
(Street and Number) (City)

B. Description:

1. Type of construction _____
2. Number of floors _____
3. Floor area in square feet _____
4. Heating facilities _____
5. Lighting _____
6. Elevator _____
7. Description of interior arrangement _____
_____
8. Floor covering _____
9. Acoustic treatment _____
10. Parking facilities _____
11. Floor plans and other specifications attached (describe) _____
_____
12. Number of employees to be provided office space _____

III ESTIMATED COST OF PROPOSED CONSTRUCTION OR PURCHASE:

A. Initial Cost. (Specify whether Purchase or Construction) _____ $ _____

B. Estimated Useful Life in Months _____

C. Costs Allocable to Welfare Department:

1. Is building to be occupied entirely by Welfare Department? _____
(yes) (no)

Form DFA 117A - Page 1 Revised July 1952

State of California — Department of Social Welfare

DATA SUPPORTING REQUEST FOR APPROVAL TO CLAIM BUILDING ALTERATIONS AND IMPROVEMENTS

Submit six copies to Department of Social Welfare, 616 K Street, Sacramento, along with six copies of Form DFA 117.

COUNTY_____ DEPARTMENT_____

I DETERMINATION OF NEED FOR ALTERATIONS AND IMPROVEMENTS (Explain fully):_____

II LOCATION AND DESCRIPTION OF PREMISES TO BE ALTERED AND IMPROVED:

A. Location_____
(Street and Number) (City)

B. Description:

1. Type of construction_____
2. Number of floors_____
3. Floor area in square feet_____
4. Heating facilities_____
5. Lighting_____
6. Elevator_____
7. Description of interior arrangement_____
8. Floor covering_____
9. Acoustic treatment_____
10. Parking facilities_____
11. Floor plans and other specifications attached (describe)_____

III NATURE OF ALTERATIONS AND IMPROVEMENTS:

A. Detailed description_____

B. The alterations and improvements described above are of a_____ (permanent) _____ (removable) nature and_____ (Will) (Will Not) remain the property of the agency. Explain fully removable items:_____

Form DFA 117B - Page 1, Revised July 1952

C. What rates per square foot, including all space costs, are being charged or quoted for similar facilities within the community? (Give at least three quotations)

QUOTED BY	BUILDING LOCATION	MONTHLY RENTAL PER. SQ. FT.	IS BUILD. MAINT. AND SERVICE INCLUDED IN RENTAL	IF NOT--STATE MONTHLY COST OF MAINTENANCE AND SERVICE

VI CERTIFICATION:

I hereby certify that to the best of my knowledge the foregoing statements and information are true and correct.

Signature of county officer requesting approval of expenditures

Title _____

Date _____

Form DFA 117A - Page 3, Revised July 1952

VI TERMS OF OCCUPANCY:

A. If Rented from Private Owner: (Submit copy of lease)

1. Name and address of lessor_____
2. Duration of lease: from _____ 195__ to _____ 195__
3. Option of renewal:_____ (Yes) (No)
4. Rental cost: a. Monthly $_____ b. Yearly $_____
5. Monthly rental cost per square foot $_____
6. Will agency occupy these premises for the full term of lease?_____ (Yes)(No)
7. Does lease contain any provision regarding alterations and improvements?_____ If "yes" explain_____ (Yes) (No)

_____

_____

_____

B. If premises owned by county indicate expected duration of occupancy_____

_____

VII AVAILABILITY AND COST OF COMPARABLE FACILITIES:

A. Were the costs of similar quarters within the community investigated to determine whether the total space costs for the present premises, including this request were greater or less than would be incurred elsewhere?

_____
(Yes) (No)

B. Are such quarters with suitable facilities available?_____ (Yes) (No)

C. What rates per square foot, including all space costs, are being charged or quoted for similar facilities within the community? (Give at least three quotations)_____

_____

_____

_____

D. Would it be possible for the county to construct a new building that would be more adapted to needs of the Welfare Department, the cost of which, if amortized over its estimated life, would result in a total space cost per square foot per month equal to or not appreciably greater than the costs for present quarters?_____ Explain_____ (Yes) (No)

_____

_____

VIII CERTIFICATION:

I hereby certify that to the best of my knowledge the foregoing statements and information are true and correct.

_____

Signature of County Officer requesting approval of expenditures

Title_____

Date_____

Form DFA 117B - Page 3, Revised July 1952

IV ESTIMATED COST OF PROPOSED ALTERATIONS AND IMPROVEMENTS

A. Estimated Total Cost $_____.

B. Over what period of months is it proposed to amortize the cost (Explain)

_____

_____

_____

_____

C. Costs Allocable to Welfare Department:

1. Is the building or section of building to be altered and improved occupied entirely by the Welfare Department?_____
(Yes) (No)

2. If no, indicate floor area in square feet occupied by Welfare Department _____ by other agencies_____ and percentage of Welfare Department occupancy_____.

3. Computation of Cost per Month (Total cost as stated in A divided by life in months as stated in B multiplied by percentage of Welfare Department occupancy as stated in C2)_____

D. Is it contemplated that there will be additional alteration and improvement costs during the term of the lease if privately owned or during the period of occupancy if county?_____ If yes, explain approximate
(Yes) (No)
extent and necessity_____

_____

_____

_____

_____

V APPROVAL OF CONTRACT:

A. Is the work to be done by a county agency or by a private contractor?_____
_____. Specify name of county agency or name and address of private contractor_____.

B. Bids are required from more than one contractor before approval of contract. State name of bidders and amount of each bid._____

_____

_____

_____

To whom was contract let? _____

C. Has evaluation been made of the methods used for determining the contractor's conformity with the contract and measuring the quantity and quality of work performed?_____ Explain_____
(Yes) (No)

_____

_____

_____

_____

Form DFA 117B - Page 2, Revised July 1952

State of California Department of Social Welfare

AFFIDAVIT - PAYMENT OF WARRANTS

We, _____ (County Auditor) and _____ (County Treasurer)

hereby certify that the following warrant was redeemed by the County Treasurer of warrants were (cross out one)

_____ County and that all requirements of the

_____ Law have been complied with, but the

warrant is missing from file and is lost, misplaced, misfiled, or warrants are (cross out one) are _____

_____ other reasons

Warrant Number	Date Issued	Aid for Month of	Issued To	Amount

Date _____, 195____ _____ County Auditor

Date _____, 195____ _____ County Treasurer

Subscribed and sworn to before me this

_____ day of _____ 195 _____

_____

Forward Two Copies To The
State Department of Social Welfare
616 K Street, Sacramento 14, California

Form DFA-171, July 1952

State of California Department of Social Welfare

Submit in Quadruplicate
State Department of Social Welfare
616 K Street
Sacramento 14

Read this certification carefully

STATE OF CALIFORNIA

TO _____ COUNTY, Dr.

FOR TRANSPORTATION OF NEEDY CHILDREN

(As provided under Section 1580 of the Welfare and Institutions Code)

Date of Claim _____, 195__; _____ Fiscal Year
(Do not write in this space)

Paid by _____ County, California
County No. _____
State No. _____

For Transportation of _____

From _____ To _____

DATE	METHOD OF TRANSPORTATION	AMOUNT	PAID BY WARRANT NUMBER	SUPPORTED BY VOUCHER NUMBER
	Transportation Costs: Check Type (Railroad (Bus (Steamship	$		
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
	PULLMAN:			
	ADDITIONAL EXPENSE			
	DETAIL:			
	Total Amount Paid by County.	$		
	STATE'S PRO RATA, ONE HALF.	$		

I Hereby Certify, under penalty of perjury, that I am the County Official responsible for administration of Aid to Needy Children in and for the said County; that the above charges are correct; that the services herein mentioned were actually rendered and the money was actually paid, as set forth above, in accordance with Section 1580 of the Welfare and Institutions Code.

_____
Signature of Welfare Director or Official in Charge

Date _____, 195__ Title _____

I hereby certify that the above expenditures were incurred in accordance with Section 1580 of the Welfare and Institutions Code and that warrants totaling the amount shown have been issued.

_____
Signature of County Auditor

Form DFA 140, Revised July 1952

State of California Department of Social Welfare

CERTIFICATE OF EVIDENCE FOR AGED, BLIND & CHILDREN'S AID PAYMENTS

CERTIFICATE OF EVIDENCE _____ AID PAYMENTS
Program

State of California

County of _____

I, _____, do hereby state that I was personally acquainted with _____, State No. _____, who died on or about _____ and I know of my own personal knowledge that the said _____ received unconditionally from the county of _____ the money payments representing aid due under the _____ Law for the following months:
Program

Warrant Number	Date Issued	Aid for Month of	Issued To	Amount

Endorsed:

Date _____, 195__.

_____
Signature

_____
Witness

Note:
If signature is by mark, it shall be completed as follows:

His
X
John Mark Brown

Henry Jones
Witness

Forward Two Copies To The
State Department of Social Welfare
616 K Street, Sacramento 14, California

Form DFA 173, July 1952

State of California Department of Social Welfare

ACKNOWLEDGMENT OF AGED, BLIND AND CHILDREN'S AID PAYMENTS

ACKNOWLEDGMENT OF _____ AID PAYMENTS
Program

I, _____ State No. _____, certify that

I have received unconditionally from the County of _____

the money payments representing aid due me under the _____ law
Program

for the following months:

Warrant Number	Date Issued	Aid for Month of	Issued To	Amount

Endorsed:

Date _____, 195____.

_____
Signature

_____
Witness

Note:
If signature is by mark, it shall be completed as follows:

His
X
John Mark Brown

Henry Jones
Witness

Forward Two Copies To The
State Department of Social Welfare
616 K Street, Sacramento 14, California

Form DFA 172, July 1952

STATE OF CALIFORNIA — DEPARTMENT OF SOCIAL WELFARE

OLD AGE SECURITY CERTIFICATION

FORWARD THREE SIGNED COPIES WITH MONTHLY CLAIM TO STATE DEPARTMENT OF SOCIAL WELFARE, 616 K STREET, SACRAMENTO 14

COUNTY _____

MONTH _____, 19____

EXPLANATION		PERSONS COUNT			AMOUNTS CLAIMED			FOR STATE USE ONLY		
FEDERAL FORMULA PERIOD	ITEMS	No. of Persons Eligible to Federal Participation (Form 802, Line 1 plus 5) A	No. of Persons Ineligible to Federal Participation (Form 802, Line 9 plus 11) B	Total Aid Paid (or Repaid) (Form 802, Line 14) C	Amount Ineligible to Federal Participation (Form 802, Line 10 plus 12) D	Amount in Excess of Federal Base (Form 802, Line 13) E	Federal Basis Amount (Form 802, Line 4 plus 8) F	PARTICIPATING SHARES		
								Federal G	State H	County J
PERIOD BEGINNING 10/1/48	1. Total Aid Paid in Current Month. (Form 802, Column D)									
	2. Plus or Minus Repayments, Adjustments & Prior Months' Cancellations. (Form 802, Column H)									
	3. Net Adjusted Aid Claimed. (Cols. A thru F from Form 802, Col. J) (Cols. G, H, J from Form 802, Line 14, Cols. K, J, M)									
PERIOD 10/1/46 THROUGH 9/30/48	4. Repayments of Aid for this Period. (Form 803, Schedule of Repayments)		X							
PERIODS PRIOR TO 10/1/46	5. Repayments of Aid for this Period. (Form 803, Schedule of Repayments)	X	X							
TOTALS ALL PERIODS	6. Net Adjusted Aid Claimed for all Periods. (Line 3 minus Lines 4 and 5)	X	X							

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM THE OFFICIAL RESPONSIBLE FOR THE ADMINISTRATION OF OLD AGE SECURITY IN AND FOR SAID COUNTY; THAT THE AID PAYMENTS, REPAYMENTS, AND ADJUSTMENTS REFLECTED HEREIN HAVE BEEN MADE IN ACCORDANCE WITH ALL PROVISIONS OF THE WELFARE AND INSTITUTIONS CODE AND THE RULES AND REGULATIONS OF THE STATE SOCIAL WELFARE BOARD.

_____
SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE _____, 195____

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM THE OFFICER IN AFORESAID COUNTY RESPONSIBLE FOR THE EXAMINATION AND SETTLEMENT OF ACCOUNTS; THAT THE AMOUNTS CLAIMED HEREIN ARE IN ACCORDANCE WITH AUTHORIZATIONS FOR OLD AGE SECURITY MADE BY THE COUNTY; THAT SAID AMOUNTS CORRECTLY REFLECT FEDERAL, STATE, AND COUNTY SHARES IN THE AID PAYMENTS CLAIMED; AND THAT WARRANTS THEREFOR HAVE BEEN ISSUED ACCORDING TO LAW AND THE RULES AND REGULATIONS OF THE STATE SOCIAL WELFARE BOARD.

_____
SIGNATURE OF COUNTY AUDITOR

DATE _____, 195____

FORM AG 800, REVISED OCTOBER 1951

STATE OF CALIFORNIA — ADMINISTRATIVE EXPENDITURES CERTIFICATION — ALL COUNTY WELFARE PROGRAMS — DEPARTMENT OF SOCIAL WELFARE

PREPARED BY _____, CO. AGENCY _____ COUNTY _____ MONTH _____, 195__

	1 COUNTY WELFARE PROGRAMS	2 WELFARE SALARIES AND WAGES	3 MAINTENANCE AND OPERATION	4 CAPITAL OUTLAY	5 REAL PROPERTY	6 SERVICES OF OTHER AGENCIES	7 TOTAL EXPENDITURES	8 NON-FEDERAL EXPENDITURES	9 FEDERALLY REIMBURSABLE EXPENDITURES	10 FEDERAL SHARES	11 STATE SHARES	12 COUNTY SHARES	13 FOR STATE USE ONLY
A	OLD AGE SECURITY - ALL PERIODS										X		
B-1	AID TO NEEDY BLIND - ALL PERIODS										X		
B-2	AID TO PARTIALLY SELF-SUPPORTING BLIND RESIDENTS - ALL PERIODS								X	X	X		
C-1	AID TO NEEDY CHILDREN - ELIG.- ALL PERIODS										X		
C-2	AID TO NEEDY CHILDREN - INEL.- ALL PERIODS								X	X	X		
D	CHILD WELFARE SERVICES - CURRENT FISCAL YEAR										X		
	CHILD WELFARE SERVICES - PRIOR FISCAL YEAR										X		
E	BOARDING HOME LIC. AND INSP. - CURRENT FISCAL YEAR								X	X			
	BOARDING HOME LIC. AND INSP. - PRIOR FISCAL YEAR								X	X			
F	ADOPTIONS - CURRENT FISCAL YEAR								X	X			
	ADOPTIONS - PRIOR FISCAL YEAR								X	X			
G	COUNTY GENERAL RELIEF ALL PERIODS								X	X	X		
H	OTHER COUNTY WELFARE PROGRAMS- ALL PERIODS								X	X	X		
L	TOTAL ADMINISTRATIVE EXPENDITURES REPORTED THIS MONTH FOR ALL PERIODS												
M	COUNTY EXTRANEOUS EXPENDITURES								X	X	X		

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM THE OFFICIAL RESPONSIBLE FOR THE ADMINISTRATION OF THE ABOVE STATED PROGRAMS IN AND FOR SAID COUNTY; THAT I HAVE NOT VIOLATED ANY OF THE PROVISIONS OF SECTIONS 1090 TO 1097 INCLUSIVE OF THE GOVERNMENT CODE; THAT THE AMOUNTS CLAIMED HEREIN HAVE BEEN EXPENDED AND ARE PROPERLY CHARGEABLE AS EXPENDITURES FOR ADMINISTRATION TO THE PROGRAMS SPECIFIED IN ACCORDANCE WITH ALL PROVISIONS OF THE WELFARE AND INSTITUTIONS CODE AND THE RULES AND REGULATIONS OF THE STATE SOCIAL WELFARE BOARD.

_____
SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE _____, 195__

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM THE OFFICIAL IN AFORESAID COUNTY RESPONSIBLE FOR THE EXAMINATION AND SETTLEMENT OF ACCOUNTS; THAT THE EXPENDITURES CLAIMED HEREIN HAVE BEEN AUTHORIZED BY THE BOARD OF SUPERVISORS; AND THAT WARRANTS THEREFOR HAVE BEEN ISSUED OR EXPENDITURES OTHERWISE INCURRED ACCORDING TO LAW.

_____
SIGNATURE OF COUNTY AUDITOR

DATE _____, 195__

FOR STATE USE ONLY

FORM DFA 222, REVISED JULY 1952 — FORWARD FOUR SIGNED COPIES TO STATE DEPARTMENT OF SOCIAL WELFARE, SACRAMENTO

State of California

AID TO NEEDY CHILDREN CERTIFICATION

Department of Social Welfare

☐ VOUCHER CLAIM ☐ BHI (CASH) CLAIM

(Indicate Type of Claim)

Forward three signed copies with monthly claim to State Department of Social Welfare, 616 K Street, Sacramento 14

COUNTY _____

MONTH _____, 19____

EXPLANATION		PERSONS COUNT		AMOUNTS CLAIMED			FOR STATE USE ONLY		
Federal Formula Period	Items	No. of Persons Eligible to Fodoral Participation (Form 802, Line 2 plus 6) A	No. of Persons Ineligible to Federal Participation (Form 802, Line 3 plus 7) B	Warrant Amount (Form 802, Line 1) C	State Basis Amount all Cases (Form 802, Line 11) D	Federal Basis Amount (Form 802, Line 10) F	PARTICIPATING SHARES		
							Federal G	State H	County J
	1. Total Aid Paid in Current Month. (Form 802, Column D)								
PERIOD BEGINNING 10/1/48	2. Plus or Minus Repayments, Adjustments and Prior Months' Cancellations. (Form 802, Column H)								
	3. Net Adjusted Aid Claimed. (Cols. A thru F from Form 802, Col. J) (Cols. G, H, J, from Form 802 Line 11, Cols. K, L, M)								
PERIOD 10/1/46 THROUGH 9/30/48	4. Repayments of Aid for This Period. (Form 803, Schedule of Repayments)		X						
PERIODS PRIOR TO 10/1/46	5. Repayments of Aid for This Period. (Form 803, Schedule of Repayments)	X	X						
TOTALS ALL PERIODS	6. Net Adjusted Aid Claimed for all Periods. (Line 3 minus Lines 4 and 5)	X	X						

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of Aid to Needy Children in and for aforesaid county; that the aid payments, allotments for payments in kind, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the State Social Welfare Board.

Signature of County Welfare Director

Date _____, 195____

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that the amounts claimed herein are in accordance with authorizations for Aid to Needy Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefor have been issued, or funds made available for the payments in kind listed herein according to law and the rules and regulations of the State Social Welfare Board.

Signature of County Auditor

Date _____, 195____

Form CA 800, Revised July 1952

State of California — Department of Social Welfare

BLIND CERTIFICATION

(Indicate whether ANB or APSB)

Forward three signed copies with monthly claim to State Department of Social Welfare, 616 Kay Street, Sacramento 14

COUNTY _____

MONTH _____, 195____

EXPLANATION		PERSONS COUNT		AMOUNTS CLAIMED				FOR STATE USE ONLY		
Federal Formula Period	Items	No. of Persons Eligible to Federal Participation (Form 802, Line 1 Plus 5) A	No. of Persons Ineligible to Federal Participation (Form 802, Line 9 Plus 11) B	Total Aid Paid (or Repaid) (Form 802, Line 14) C	Amount Ineligible to Federal Participation (Form 802, Line 10 Plus 12) D	Amount in Excess of Federal Base (Form 802, Line 13) E	Federal Basis Amount (Form 802, Line 4 Plus 8) F	PARTICIPATING SHARES		
								FEDERAL G	STATE H	COUNTY J
PERIOD BEGINNING 10/1/48	1. Total Aid Paid in Current Month. (Form 802, Column D)									
	2. Plus or Minus Repayments, Adjustments & Prior Months' Cancellations. (Form 802, Column H)									
	3. Net Adjusted Aid Claimed (Cols. A thru F from Form 802, Col. J) (Col. G, H, J, from Form 802, Line 14, Col. K, L, M)									
PERIOD 10/1/46 THROUGH 9/30/48	4. Repayments of Aid for this Period (Form 803, Schedule of Repayments)		X							
PERIOD PRIOR TO 10/1/46	5. Repayments of Aid for this Period (Form 803, Schedule of Repayments)	X	X							
TOTALS ALL PERIODS	6. Net Adjusted Aid Claimed for All Periods (Line 3 Minus Lines 4 and 5)	X	X							

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of Aid to Needy Blind or Aid to Partially Self-supporting Blind Residents in and for aforesaid county; that the aid payments, repayments, and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the State Social Welfare Board.

_____
Signature of County Welfare Director

Date _____, 195____

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that the amounts claimed herein are in accordance with authorizations for Aid to Needy Blind or Aid to Partially Self-supporting Blind Residents made by the county; that said amounts correctly reflect Federal, State, and County shares in the aid payments claimed; and that warrants therefor have been issued according to law and the rules and regulations of the State Social Welfare Board.

_____
Signature of County Auditor

Date _____, 195____

Form Bl 800, Revised October 1951

State of California

Forward Three Copies to
State Department of Social Welfare
616 K Street
Sacramento, California

FROM _____ COUNTY

STATE SUBVENTION FOR

CARE OF FORMER _____ RECIPIENTS IN COUNTY INSTITUTIONS
(AS PROVIDED UNDER SECTION 2160.7/3044.1 OF THE WELFARE AND INSITUTIONS CODE)

FOR QUARTER ENDING _____, 19__ _____ FISCAL YEAR

STATE USE ONLY

1. TOTAL FOR 1ST MONTH (_____ X $35.20) .....$_____
   NO. PERSONS IN COL.3, FORM AB 801-H
2. TOTAL FOR 2ND MONTH (_____ X $35.20) .....$_____
   NO. PERSONS IN COL. 4, FORM AB 801-H
3. TOTAL FOR 3RD MONTH (_____ X $35.20) .....$_____
   NO. PERSONS IN COL. 5, FORM AB 801-H
4. TOTAL CLAIMED FOR CURRENT QUARTER (TOTAL ITEMS 1, 2, 3).....$_____
5. CLAIMED FOR PRIOR PERIODS
   (a) FROM 3/1/50.....(_____ X $35.20) $_____
   NO. PERSONS IN ALL COLS. FORM 801-H FOR PRIOR MONTHS
   (b) 10/1/49-2/28/50 (_____ X $27.50) $_____
   NO. PERSONS IN ALL COLS. FORM 801-H FOR PRIOR MONTHS
6. TOTAL CLAIMED FOR PRIOR PERIODS (ITEM 5a PLUS ITEM 5b).....$_____
7. TOTAL CLAIMED FOR CURRENT & PRIOR PERIODS (ITEM 4 PLUS ITEM 6).....$_____
8. LESS: ADJUSTMENTS FOR PRIOR PERIODS.....$_____
9. DUE FROM STATE FUNDS (ITEM 7 LESS ITEM 8).....$_____

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THERE IS ON FILE IN THE COUNTY THE CERTIFICATION OF THE SUPERINTENDENT OR OTHER OFFICIAL OF THE INSTITUTION THAT EACH FORMER RECIPIENT RECEIVED CARE IN THE INSTITUTION DURING EACH MONTH FOR WHICH A CLAIM IS FILED AND THAT THE AMOUNTS CLAIMED ARE DUE AND OWING THE COUNTY FROM THE STATE OF CALIFORNIA UNDER SECTION 2160.7/3044.1 OF THE WELFARE AND INSTITUTIONS CODE.

_____
SIGNATURE OF COUNTY AUDITOR

DATE _____, 195__

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM THE CHAIRMAN OF THE BOARD OF SUPERVISORS OF THE AFORESAID COUNTY, AND THAT THE AUTHORITIES OF THIS COUNTY HAVE COMPLIED WITH ALL PROVISIONS OF CHAPTER I OF DIVISION III OR CHAPTER I OF PART I OF DIVISION V OF THE WELFARE AND INSTITUTIONS CODE, AND AMENDMENTS THERETO, UNDER WHICH THIS CLAIM IS FILED.

_____
CHAIRMAN, BOARD OF SUPERVISORS

DATE _____, 195__

FOR STATE USE ONLY

The above claim has been reviewed and, subject to field audit, is approved for payment.

_____ DATE _____
Supervisor, Bureau of Claims Acctg.

Claim Number	Date Released	Signature

Form AB 800-H, Revised October 1951
Certification to Accompany County
Institutional Claim
(Form AB 801-H, Revised November 1949)

State of California

Forward Three Copies to the
State Department of Social Welfare
616 K Street
Sacramento, California

CERTIFICATION--ADOPTION COST OF CARE SUBVENTION

FROM _____ COUNTY

FOR QUARTER ENDING _____, 195__ _____ FISCAL YEAR
(FOR STATE USE ONLY)

1. Total Claimable Cost of Care (From Form AD 801) . . . . . $_____
2. Amount Collected to Defray the Cost of Care (From Form AD 803) . . . . . $_____
3. Claimable Cost of Care not Collected (Item 1 minus Item 2) . . . . . $_____
4. Number of Children _____ Times $200.00 . . . . . $_____
5. Amount due from State Funds (Item 3 or 4, whichever is lesser) . . . . . $_____

FOR STATE USE ONLY

I hereby certify, under penalty of perjury, that I am the executive officer of the county agency licensed by the State Department of Social Welfare to accept relinquishments of and to place children for adoption under the Adoption Law; that the above statements regarding the cost of care and amounts collected to defray the cost of care have been expended and collected in accordance with law, and the rules and regulations of the State Social Welfare Board.

_____
EXECUTIVE OFFICER OF THE ACCREDITED AGENCY

TITLE _____

DATE _____, 195__

I hereby certify, under penalty of perjury, that the records of this county indicate the amounts claimed are due and owing the county from the State of California according to law.

_____
SIGNATURE OF COUNTY AUDITOR

DATE _____, 195__

FOR STATE USE ONLY

The above claim has been verified against supporting documentary evidence and, subject to field audit, is approved for payment.

_____ DATE _____
SUPERVISOR, BUREAU OF COUNTY CLAIMS

Claim Number	Date Released	Signature

FORM AD 800, Revised October 1951

State of California

Forward one copy to
State Department of Social Welfare
616 K Street
Sacramento, California

AID TO NEEDY CHILDREN PAYROLL
(Or Contra Roll)*

(Excluding Aid Paid Under Section 1556.5 of the Welfare and Institutions Code)

TYPE OF ROLL _____ COUNTY _____
(Payroll, Repayment or Cancellation Contra Roll)

MONTH _____, 19____ WARRANTS DATED _____
(Except as otherwise shown in Col. 7)

(Indicate Non-County Cases by (N) in Columns 5 and 6 and Non-County Non-Federal Cases by (S) in Column 5)
*When using this form as a contra roll for repayments or cancellations report in Column 7 the month(s) to which each item applies.

(1) State Number	(2) Names of Payees Names of Children Family Given (Optional)	(3) No. of Elig. Rel. (A)	(3) No. of Children El. (B)	(3) No. of Children Incl. (C)	(4) Warrant Amount	(5) Basis for State Participation	(6) Basis for Federal Participation	(7) Remarks*	(8) Warrant Number
	PAGE TOTALS							No. Persons by Participation Status Elig. to Federal: Regular; Non-Co. Incl. to Federal: Non-Fed.; Non-Co. Non-Fed.	

Form CA 801, Revised July 1952

(Supplemental warrants covering increases for person already counted on the current payroll or previous months' payrolls not to be included in the total numbers of persons.)

Page No. _____

State of California

AID PAYROLL (Or Contra Roll)*

Forward ONE Copy to
State Department of Social Welfare
616 K Street
Sacramento, California

PROGRAM _____ COUNTY _____ MONTH _____, 195__
(OAS, ANB or APSB)

TYPE OF ROLL _____ WARRANTS DATED _____
(Payroll, Repayment or Cancellation Contra Roll) (Except as shown in Column 5)

(Indicate Non-County cases by (N), Non-Federal cases by (X) and Non-County Non-Federal cases by (S) after amount in Col.3.) *When using this form as a contra roll for repayments or cancellations, report in Col.5 the month(s) to which each item applies.

(1) NAME FAMILY	GIVEN	(2) STATE NUMBER	(3) TOTAL AID PAID	(4) EXCESS OF FED. BASIS	(5) REMARKS*	(6) WARRANT NUMBER
PAGE TOTALS					Total Number of Persons on this Page: Elig. to Fed. Regular / Elig. to Fed. Non-Co. / Inelig. to Fed. Non-Fed. / Inelig. to Fed. Non-Co. Non-Fed.	PAGE NO. _____

Form AB 801, Revised October 1950 (Warrants covering increases not to be counted in number of persons)

STATE OF CALIFORNIA

FORWARD ONE COPY TO
STATE DEPARTMENT OF SOCIAL WELFARE
616 K STREET, SACRAMENTO 14

CLAIM FOR STATE SUBVENTION FOR CARE OF FORMER_____ RECIPIENTS IN COUNTY INSTITUTIONS

(SECTION 2160.7/3044.1 OF THE WELFARE AND INSTITUTIONS CODE)

_____COUNTY

FOR QUARTER ENDING _____, 195__

INDICATE BY "X" IN COLUMNS 3, 4 & 5 EACH MONTH FOR WHICH CLAIM IS MADE

1 NAME FAMILY	1 NAME GIVEN	2 STATE NUMBER	3 1ST MONTH	4 2ND MONTH	5 3RD MONTH	6 STATE USE ONLY
TOTAL NUMBER PERSONS CLAIMED IN EACH OF COLUMNS 3, 4 & 5.						

FORM AB 801-H, REVISED JULY 1952

PAGE NO. _____

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

DETAIL - INDIVIDUAL COST OF CARE - ADOPTION PROGRAM

COUNTY OF _____

FOR QUARTER ENDING _____, 195__

FORWARD TWO COPIES TO
STATE DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO, CALIFORNIA

1	2	3	4	5	6	7	8	9	10	11	12
NAME OF CHILD	CASE NUMBER	WARRANT		PAYEE	PERIOD COVERED WHERE APPLICABLE	AMOUNT	PURPOSE				REMARKS
		NUMBER	DATE				FOOD AND SHELTER	CLOTHING	MEDICAL AND DENTAL	OTHER (SPECIFY)	

FORM AD 801, REVISED MARCH 1952

State of California — Department of Social Welfare

CLAIM SUMMARY SHEET

Current Formula Period--Beginning October 1, 1948

Program _____ (OAS, ANB, or APSB) County _____

Forward three copies with monthly claim to State Department of Social Welfare, 616 K Street, Sacramento 14

Prepared by _____ Month _____, 195_

EXPLANATION		TRANSACTIONS AFFECTING CURRENT MONTH				Repayments of Aid Current and Prior Months (Form 801 Contra)	Prior Month Warrants Cancelled (Form 801 Contra)	Adjustments Current and Prior Months (Form 816)	Net Total (Col. E+F + or -G)	Net Totals Current and Prior (Col. D + or -H)	PARTICIPATING SHARES		
STATUS	ITEMS	Aid Payrolls Current Month (Form 801) A	Aid Payrolls Prior Month (Form 801) B	Current Month Warrants Cancelled (Form 801 Contra) C	Net Total (Col. A+B-C) D						Federal K	State L	County M
REGULAR (R) CASES)	1. No. of Persons										Regular (R) Cases Federal Share: $5 x 1J plus ½ of 4J. State Share OAS: 6/7 of (2J minus 4K). State Share ANB: 3/4 of (2J minus 4K). County Share OAS: 1/7 of (2J minus 4K). County Share ANB: 1/4 of (2J minus 4K).		
	2. Amount Claimed												
	3. Excess of $50												
	4. Federal Basis (Line 2-3)	X	X	X		X	X	X					
NON-COUNTY (N) CASES	5. No. of Persons										Non-County (N) Cases Federal Share: $5 x 5J plus ½ of 8J. State Share OAS and ANB: 6J minus 8K.		
	6. Amount Claimed												
	7. Excess of $50												
	8. Federal Basis (Line 6-7)	X	X	X		X	X	X					X
NON-FEDERAL (X) CASES	9. No. of Persons										Non-Federal (X) Cases State Share: OAS 6/7, ANB 3/4, APSB 5/6 of 10J. County Share: OAS 1/7, ANB 1/4, APSB 1/6 of 10J.		
	10. Amount Claimed										X		
NON-COUNTY NON-FEDERAL (S) CASES	11. No. of Persons										Non-County-Non-Federal (S) Cases State Share OAS, ANB, and APSB: 12J.		
	12. Amount Claimed										X		X
13. Total Excess (Sum of Lines 3 and 7)											TOTAL PARTICIPATING SHARES		
14. Total Amount Claimed (Sum of Lines 2,6,10,&12)											Federal 4K + 8K	State 4L+8L+10L+12L	County 4M+10M

Form AB 802, Revised May 1951 — See Reverse Side for Instructions

State of California

Forward one copy to
State Department of Social Welfare
616 K Street, Sacramento 14

AID TO NEEDY CHILDREN PAYROLL (or Contra Roll)*

For Children in Boarding Homes and Institutions
(Under Section 1556.5 of the Welfare and Institutions Code)

Type of Roll_____ County_____
(Payroll, Repayment or Cancellation Contra Roll)

Month_____, 19____ Warrants Dated_____
(Except as shown in Column 6)

*When using this form as a contra roll for repayments or cancellations, report in Column 6 the month(s) to which they apply.

(1)	(2)	(3)	(4)	(5)		(6)	(7)
				BASIS FOR STATE PARTICIPATION			
STATE NUMBER	NAMES OF PAYEES NAMES OF CHILDREN Family Given	NO. OF CHIL-DREN	WARRANT AMOUNT	(A) Non-Federal (x) Cases	(B) Non-Co., Non-Fed. (S) Cases	REMARKS*	WARRANT NUMBER
	PAGE TOTALS						

Two-thirds of the total of Column 5A plus the total of Column 5B equals the State Share

State of California — CLAIM SUMMARY SHEET--AID TO NEEDY CHILDREN — Department of Social Welfare

PREPARED BY _____ ☐ Voucher Claim ☐ BHI (Cash) Claim (Indicate which) COUNTY _____

Forward three copies with monthly claim to State Department of Social Welfare, 616 K Street, Sacramento 14. Current Federal Formula Period - Beginning October 1, 1948 MONTH _____, 195__

EXPLANATION		TRANSACTIONS AFFECTING CURRENT MONTH				Repayments of Aid Current and Prior Months (Form 801 Contra) E	Prior Month Warrant Cancellations (Form 801 Contra) F	Adjustments Current and Prior Months (Form 816) G	Net Totals (Col. E + F + or -G) H	Net Totals Current and Prior Months (Col. D + or -H) J			
STATUS	ITEMS	Aid Payrolls Current Month (Form 801) A	Aid Payrolls Prior Months (Form 801) B	Current Month Warrants Cancelled (Form 801 Contra) C	Net Totals (Col. A + B -C) D						Federal K	State L	County M
1. Total Warrant Amount Including County Supplemental											XXXX	XXXX	Supplemental (1J minus 11J)
REGULAR (R) and NON-FEDERAL (X)	2. No. of R Persons										Regular (R) and Non-Federal (x) Cases		
	3. No. of X Persons										Federal Share: $3 x 2J plus ½ of 4J.		
	4. Federal Basis										State Share: 2/3 of (5J minus 5K).		
	5. State Basis										County Share: 1/3 of (5J minus 5K).		
NON-COUNTY (N) and NON-COUNTY-NON-FEDERAL (S)	6. No. of N Persons										Non-County (N) and Non-County-Non-Federal (S) Cases		
	7. No. of S Persons										Federal Share: $3 x 6J plus ½ of 8J.		
	8. Federal Basis										State Share: 9J minus 9K.		
	9. State Basis												XXXX
10. Total Federal Basis (Sum of Lines 4 and 8)											Total Participating Shares		
											Federal (Lines 5 and 9)	State (Lines 5 & 9)	County (Lines 1 and 5)
11. Total State Basis (Sum of Lines 5 and 9)													

Form CA 802, Revised July 1952 — SEE REVERSE SIDE FOR INSTRUCTIONS

Instructions for preparation of Form AB 802, Claim Summary Sheet - OAS, ANB, APSB.

Fill in the name of the program (OAS, ANB, or APSB), the county name, and month of claim at the top of the form.

A. Column A includes all warrants issued during the current month for the current month.

B. Column B includes all warrants issued during the current month for prior months.

C. Column C includes all cancelled warrants issued during the current month for both the current and prior months. Show all amounts in this column in red or parenthesis.

D. Column D is the sum of Columns A plus B minus C.

E. Column E includes all repayments received during the current month for both the current and prior months. Show all amounts in this column in red or parenthesis.

F. Column F includes all warrants issued during prior months which have been cancelled during the current month. Show all amounts in this column in red or parenthesis.

G. Column G includes all adjustments (not including repayments) for items claimed in current or prior months. Both the amounts changed "from" and "to" are included in this column. Amounts "changed from" (minus adjustments) are shown in red or parenthesis, amounts "changed to" (plus adjustments) are shown in black.

H. Column H is the sum of Column E plus F plus or minus G. If the net result is minus, the amount is shown in red or parenthesis.

J. Column J is Column D plus or minus Column H. Show any minus amounts in this column in red or parenthesis.

Lines 1 through 14 are completed as follows:

1. Enter in Lines 1, 2, and 3 in Columns A through J the number of persons, amounts claimed, and excess amount for all Regular (R) case transactions as applicable to each column. Enter in Line 4 in Columns D, H, and J the difference between Lines 2 and 3 in each column and in Columns K, L, and M the respective Federal, State and County Shares in all Regular payments. The total of Columns K, L, and M on Line 4 should equal the amount shown in Column J, Line 2.

2. Enter in Line 5, 6, 7, and 8 all transactions affecting Non-County (N) cases in the same manner as explained in paragraph 1. The totals of Columns K and L, Line 8, should equal the amount entered in Column J, Line 6.

3. Enter in Lines 9 and 10 all transactions affecting Non-Federal (X) cases, and on Lines 11 and 12 all transactions affecting Non-County Non-Federal (S) cases. The totals in Columns L and M, Line 10, should equal the amount entered in Column J, Line 10. The amount in Column L, Line 12, should equal the amount entered in Column J, Line 12.

4. Enter in Line 13, Columns A through J, the totals of Lines 3 and 7. Enter in Line 14, Columns A through J, the totals of Lines 2, 6, 10, and 12.

5. Enter in Line 14, Columns K, L, and M, the total federal, state, and county shares from Lines 4, 8, 10, and 12. The sum of the amounts in Columns K, L, and M on Line 14 should equal the amount entered in Column J, Line 14.

State of California

SCHEDULE OF REPAYMENTS
(Summary of Forms ABC 808)

From _____ County
_____ Aid
To Accompany _____, 19___ Monthly Aid Claim

Submit ONE Copy to
STATE DEPARTMENT OF SOCIAL WELFARE
615 K Street
Sacramento 14, California

(1) Name of Payee (And in ANC Surname of Children)	(2) State Number	(3) Repayment Applies to Month(s) of	(4) Total Amount	(5) State Basis (ANC Only)	(6) Excess (OAS and ANB) Federal Basis (ANC)	(7) Federal Share	(8) State Share	(9) County Share	(10) Federally Eligible Persons Count	(11) State Use Only

Repayment Schedule to accompany
Monthly Aid Claims

(FORM ABC 808 SHOULD BE PREPARED FOR EACH REPAYMENT UPON ITS RECEIPT BY THE COUNTY AND SUBMITTED TO THE SDSW MONTHLY WITH THIS SCHEDULE)

Form ABC 803 (Revised) - July 1, 1950

Instructions for preparation of Form CA 802, Claim Summary Sheet--Aid to Needy Children

Indicate by an X in the head of the form whether the form is prepared for an ANC Voucher or an ANC BHI (cash) claim. Indicate also the county name and the month of claim.

A. Column A includes all warrants issued during the current month for the current month.

B. Column B includes all warrants issued during the current month for prior months.

C. Column C includes all cancelled warrants issued during the current month for both the current and prior months. Show all amounts in this column in red or parenthesis.

D. Column D is the sum of Columns A plus B minus C.

E. Column E includes all repayments received during the current month for both the current and prior months. Show all amounts in this column in red or parenthesis.

F. Column F includes all warrants issued during prior months which have been cancelled during the current month. Show all amounts in this column in red or parenthesis.

G. Column G includes all adjustments (not including repayments) for items claimed in current or prior months. Both plus and minus adjustments are included in this column. Minus adjustments are shown in red or parenthesis. Plus adjustments are shown in black.

H. Column H is the sum of Columns E plus F plus or minus G. If the net result is minus, the amount is shown in red or parenthesis.

J. Column J is Column D plus or minus Column H. Show any minus amounts in this column in red or parenthesis.

Lines 1 through 11 are completed as follows:

1. Enter in Line 1 in Columns A through M the warrant amounts including any county supplemental aid as applicable according to each column heading. The amount in Column M should be the difference between Line 1, Column J and Line 11, Column J.

2. Enter in Lines 2, 3, 4, and 5 in Columns A through J the number of persons and the federal and state bases for all Regular (R) and Non-Federal (X) case transactions as applicable to each column. Enter on Line 5, Columns K, L, and M the respective federal, state, and county shares in all of these payments. The total of Columns K, L, and M on Line 5 should equal the amount shown in Column J, Line 5.

3. Enter in Lines 6, 7, 8 and 9 all transactions affecting Non-County (N) and Non-County-Non-Federal (S) cases in the same manner as explained in paragraph 2 above. The total of Columns K and L, Line 9 should equal the amount entered in Column J, Line 9.

4. Enter in Line 10, Columns A through J the totals of Lines 4 and 8. Enter in Line 11, Columns A through J the totals of Lines 5 and 9.

5. Enter in Line 11, Columns K, L and M the total federal, state and county shares from Lines 1, 5 and 9. The sum of the amounts in Columns K, L and M on Line 11 should equal the amount entered in Column J, Line 1.

State of California — Department of Social Welfare

ADOPTION
ADMINISTRATIVE EXPENDITURE CERTIFICATION

COUNTY_____

MONTH_____, 195___

Forward four copies with Monthly Claim to State Department of Social Welfare, 616 K Street, Sacramento 14.

CATEGORIES OF EXPENDITURE	A. AMOUNTS REPORTED ON COL. 5 OF ADMINISTRATIVE EXPENDITURE WORKSHEETS FOR THIS MONTH	B. AMOUNTS INCLUDED IN COL. A NOT REIMBURSABLE UNDER SDSW REGULATION OR BUDGET AGREEMENT FOR CURRENT FISCAL YEAR	C. AMOUNTS IN BUDGET FOR CURRENT FISCAL YEAR NOT ENCUMBERED BY PREVIOUS CLAIMS (COL. E OF CERTIFICATION FOR PREVIOUS MONTH)	D. NET AMOUNTS FOR WHICH REIMBURSEMENT IS CLAIMED (COL. A MINUS COL. B)	E. UNENCUMBERED BALANCE OF BUDGET AFTER DEDUCTING THIS CLAIM (COL. C MINUS COL. D)
1. Salaries and Wages					
2. Maintenance and Operations					
3. Capital Outlay					
4. Real Property					
5. Services of Other County Agencies					
6. Total for all Categories (Sum of Lines 1 thru 5)					

I HEREBY CERTIFY, under penalty of perjury, that I am the Executive Officer of the county agency accredited and licensed by the State Department of Social Welfare under the Adoption Law to accept relinquishments of and to place children for adoption and/or to investigate independent adoptions; that I have not violated any of the provisions of Sections 1090 to 1097 inclusive of the Government Code; that I have fully complied with the law, rules and regulations of the State Social Welfare Board; and that the above expenditures were incurred in administering the adoption program.

_____
EXECUTIVE OFFICER OF THE ACCREDITED AGENCY

TITLE_____

DATE_____, 195___

I HEREBY CERTIFY, under penalty of perjury, that I am the official in aforesaid county responsible for the examination and settlement of accounts; that the expenditures claimed herein have been authorized by the Board of Supervisors; and that warrants therefore have been issued or expenditures otherwise incurred according to law.

_____
SIGNATURE OF COUNTY AUDITOR

DATE_____, 195___

FOR STATE USE ONLY

Form AD 807, Revised July 1952

STATE OF CALIFORNIA

FORWARD TWO COPIES TO
STATE DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO, CALIFORNIA

DETAIL - AMOUNTS COLLECTED TO DEFRAY COST OF CARE ADOPTION PROGRAM

FROM _____ COUNTY

QUARTER ENDING _____ 195__

1	2	3	4	5
NAME OF CHILD	CASE NUMBER	AMOUNTS COLLECTED	SOURCE OF COLLECTION	REMARKS

FORM AD 803, REVISED JULY 1952

INSTRUCTIONS

A. "FOR MONTH OF" REPORT THE MONTH TO WHICH THIS REPAYMENT APPLIES.

B. "AS CLAIMED (STATUS)." FOR AGED AND BLIND AID REPORT THE STATUS AS ORIGINALLY CLAIMED, I.E., REGULAR, NON-FEDERAL, NON-COUNTY, OR NON-FEDERAL-NON-COUNTY. FOR CHILDREN'S AID REPORT SEPARATELY THE NUMBER OF CHILDREN ELIGIBLE AND/OR INELIGIBLE TO FEDERAL PARTICIPATION AS ORIGINALLY CLAIMED. THE TOTAL AMOUNT OF THE ORIGINAL CLAIM (COL. 1) AND ITS DISTRIBUTION (COLS. 2 THROUGH 7) ARE REPORTED ON THE LINE OPPOSITE ITEM B. IN INSTALLMENT REPAYMENTS, BEGINNING WITH THE SECOND INSTALLMENT THE TOTAL AMOUNT AND DISTRIBUTION OPPOSITE ITEM B IS THE AMOUNT OF THE ADJUSTED CLAIM AFTER THE PREVIOUS REPAYMENT; I.E., THE SAME AMOUNTS REPORTED IN ITEM C OF THE PREVIOUS REPORT OF REPAYMENT, FORM ABC 808.

C. "LESS: ADJUSTED CLAIM AFTER THIS REPAYMENT." THE TOTAL AMOUNT (COL. 1) TO BE REPORTED OPPOSITE ITEM C IS THE DIFFERENCE BETWEEN THE TOTAL AMOUNTS REPORTED IN LINES B AND D. THE DISTRIBUTION (COLS. 2 THROUGH 7) OF THE TOTAL AMOUNT IN LINE C IS COMPUTED BY THE SAME FORMULA AS AN ORIGINAL CLAIM IN THAT AMOUNT FOR THE MONTH INDICATED IN ITEM A. (REFER TO SEC. 627-10 OF THE MANUAL OF POLICIES AND PROCEDURES FOR THE DISTRIBUTION DURING DIFFERENT FORMULA PERIODS.)

D. "DISTRIBUTION OF REPAYMENT." SUBTRACT FROM THE AMOUNTS IN LINE B (COLS. 1 THROUGH 7) ALL OF THE AMOUNTS OPPOSITE LINE C. THE RESULT IS THE AMOUNT AND DISTRIBUTION OF THE REPAYMENT OPPOSITE ITEM D.

E. "FEDERALLY ELIGIBLE PERSONS COUNT" (COL. 8). IN OAS AND ANB, PERSONS COUNT IS REPORTED ONLY FOR CASES FOR WHICH FEDERAL PARTICIPATION WAS CLAIMED. THERE IS NO PERSONS COUNT IN APSB. IN ANC, PERSONS COUNT IS REPORTED ONLY FOR CHILDREN FOR WHOM FEDERAL PARTICIPATION WAS CLAIMED. IN OAS AND ANB FEDERALLY ELIGIBLE CASES THERE IS ALWAYS A PERSONS COUNT OF "1" REPORTED IN COL. 8 OPPOSITE ITEM B. IF THERE ARE AMOUNTS IN COLS. 1 THROUGH 7 OPPOSITE ITEM C THERE WILL ALSO BE A PERSONS COUNT OF "1" IN COL. 8. IF THERE ARE NO AMOUNTS OPPOSITE ITEM C THE PERSONS COUNT IN COL. 8 WILL BE "0". THE DIFFERENCE BETWEEN B AND C IN COL. 8 IS THE PERSONS COUNT OPPOSITE ITEM D.

EXAMPLES:		COL. 8		COL. 8
	B CLAIMED	1		1
			OR	
	C ADJUSTED CLAIM	1		0
	D DISTRIBUTION	0		1

IN ANC THE PERSONS COUNT TO BE REPORTED IN COL. 8 OPPOSITE ITEM B IS THE NUMBER OF CHILDREN ELIGIBLE TO FEDERAL PARTICIPATION ON THE ORIGINAL CLAIM, OR, IN INSTALLMENT PAYMENTS, THE NUMBER REPORTED IN COL. 8 OPPOSITE ITEM C ON THE PREVIOUS MONTH'S REPORT OF REPAYMENT. IF THERE ARE AMOUNTS REPORTED IN COLS. 1 THROUGH 7 OPPOSITE ITEM C, THE PERSONS COUNT FOR ITEM C IS THE NUMBER OF ELIGIBLE CHILDREN REMAINING ON THE ADJUSTED CLAIM. IF THERE ARE NO AMOUNTS IN COLS. 1 THROUGH 7 OPPOSITE ITEM C, THE PERSONS COUNT IN COL. 8 WILL BE "0". THE DIFFERENCE BETWEEN B AND C IS THE PERSONS COUNT IN COL. 8 OPPOSITE ITEM D.

EXAMPLES:		COL. 8		COL. 8		COL. 8
	B CLAIMED	3		3		3
			OR		OR	
	C ADJUSTED CLAIM	2		0		3
	D DISTRIBUTION	1		3		0

F. "TOTAL REPAYMENTS." THIS IS THE SUM OF THE AMOUNTS AND PERSONS COUNT REPORTED IN COLS. 1 THROUGH 8 OPPOSITE EACH OF THE ITEMS D.

	TOTAL AMOUNT (1)	STATE BASIS (CA ONLY) (2)	FEDERAL BASIS (CA ONLY): AMOUNT IN EXCESS OF FEDERAL BASIS (OAS & ANB) (3)	(COLS. 4,5,6, AND 7 TO BE COMPLETED ONLY FOR MONTHS PRIOR TO CURRENT FEDERAL FORMULA PERIOD) FEDERAL SHARE (4)	STATE SHARE (5)	COUNTY SHARE (6)	COUNTY SUPP. AID (7)	FEDERALLY ELIGIBLE PERSONS COUNT (E) (8)
A. FOR MONTH OF _____, 19__								
B. AS CLAIMED _____ (STATUS)								
C. LESS: ADJUSTED CLAIM AFTER THIS REPAYMENT								
D. DISTRIBUTION OF REPAYMENT								
A. FOR MONTH OF _____, 19__								
B. AS CLAIMED _____ (STATUS)								
C. LESS: ADJUSTED CLAIM AFTER THIS REPAYMENT								
D. DISTRIBUTION OF REPAYMENT								
A. FOR MONTH OF _____, 19__								
B. AS CLAIMED _____ (STATUS)								
C. LESS: ADJUSTED CLAIM AFTER THIS REPAYMENT								
D. DISTRIBUTION OF REPAYMENT								

STATE OF CALIFORNIA — REPORT OF REPAYMENT — DEPARTMENT OF SOCIAL WELFARE

_____ (PROGRAM) OAS, ANB, APSB, ANC

To: STATE DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO, CALIFORNIA

COUNTY _____
DATE _____
NAME _____
STATE NUMBER _____
COUNTY NUMBER _____

DATE REPAYMENT RECEIVED BY COLLECTION OFFICER: _____, 19___

DATE REPAYMENT DEPOSITED WITH COUNTY TREASURER: _____, 19___ DEPOSIT PERMIT NO. _____

TOTAL AMOUNT TO BE REPAID: $_____; PERIOD COVERED: _____

AMOUNT DUE BEFORE THIS REPAYMENT: $_____; LESS: AMOUNT OF THIS REPAYMENT $_____; NEW BALANCE: $_____

SOURCE OF AND REASONS FOR REPAYMENT. (GIVE FULL EXPLANATION) _____

SEE REVERSE SIDE FOR INSTRUCTIONS FOR COMPLETION OF THE FOLLOWING ITEMS:

	TOTAL AMOUNT (1)	STATE BASIS (CA ONLY) (2)	FEDERAL BASIS (CA ONLY): AMOUNT IN EXCESS OF FEDERAL BASIS (OAS & ANB) (3)	(COLS. 4,5,6, AND 7 TO BE COMPLETED ONLY FOR MONTHS PRIOR TO CURRENT FEDERAL FORMULA PERIOD) FEDERAL SHARE (4)	STATE SHARE (5)	COUNTY SHARE (6)	COUNTY SUPP. AID (7)	FEDERALLY ELIGIBLE PERSONS COUNT (E) (8)
A. FOR MONTH OF _____, 19___								
B. AS CLAIMED _____ (STATUS)								
C. LESS: ADJUSTED CLAIM AFTER THIS REPAYMENT								
D. DISTRIBUTION OF REPAYMENT								
A. FOR MONTH OF _____, 19___								
B. AS CLAIMED _____ (STATUS)								
C. LESS: ADJUSTED CLAIM AFTER THIS REPAYMENT								
D. DISTRIBUTION OF REPAYMENT								
A. FOR MONTH OF _____, 19___								
B. AS CLAIMED _____ (STATUS)								
C. LESS: ADJUSTED CLAIM AFTER THIS REPAYMENT								
D. DISTRIBUTION OF REPAYMENT								
F. TOTAL REPAYMENTS (USE REVERSE SIDE IF MORE SPACE NEEDED)								

DEDUCTION TO BE MADE FROM _____ (PROGRAM) AID CLAIM FOR MONTH OF _____, 19___

(SIGNATURE OF COLLECTION OFFICER) _____

(COUNTY – TO BE USED FOR ONE CASE ONLY)

SEND ONE COPY TO STATE DEPARTMENT OF SOCIAL WELFARE AT SACRAMENTO

TO ACCOMPANY MONTHLY AID CLAIMS AND SCHEDULE OF REPAYMENTS (FORM ABC 803)
FORM ABC 808 – REVISED OCTOBER, 1951

State of California

Forward TWO copies to
State Department of Social Welfare
Sacramento 14, California

AID TO NEEDY BLIND
ESTIMATE OF QUARTERLY EXPENDITURES

FROM _____ COUNTY
FOR THE QUARTER BEGINNING _____, 19___ AND ENDING _____, 19___

	FIRST MONTH	SECOND MONTH	THIRD MONTH
1. TOTAL NUMBER OF RECIPIENTS			
2. AVERAGE PAYMENT	$	$	$
3. TOTAL AID (ITEM 1 x ITEM 2)	$	$	$
4. AID IN EXCESS OF $50 FOR EACH RECIPIENT	$	$	$
5. FEDERAL PARTICIPATION BASE (ITEM 3 LESS ITEM 4)	$	$	$
6. TOTAL ADMINISTRATIVE EXPENDITURES	$	$	$
7. FEDERAL FUNDS FOR AID (ITEM 1 TIMES $5 PLUS 1/2 OF ITEM 5)	$	$	$
FOR STATE	$	$	$
USE ONLY	$	$	$
8. FEDERAL FUNDS FOR ADMINISTRATION (1/2 OF ITEM 6)	$	$	$
FOR STATE	$	$	$
USE ONLY	$	$	$
9. TOTAL FEDERAL FUNDS ESTIMATED (ITEM 7 PLUS ITEM 8)	$	$	$
FOR STATE	$	$	$
USE ONLY	$	$	$
10. STATE FUNDS FOR AID (3/4 OF (ITEM 3 LESS ITEM 7) = STATE)	$	$	$
FOR STATE	$	$	$
USE ONLY	$	$	$

I HEREBY CERTIFY, that the county share has been appropriated or made available from county funds.

Aid $_____ (Total three months, Item 3 minus Items 7 and 10)

Administration $_____ (Total three months, Item 6 minus Item 8)

_____
Signature of County Auditor

I HEREBY CERTIFY, under penalty of perjury, that I am the county official responsible for the administration of Aid to the Blind in and for the said county; that the above is a true and correct statement of the estimated expenditures under Chapter 1 of Part 1 of Division 5 of the Welfare and Institutions Code, and amendments thereto, and Title X of the Social Security Act, and amendment thereto, and that the provisions of same will be complied with in the expenditure of these funds.

_____
Signature of Director or Official in Charge

Date _____, 195___ Title _____

Date _____, 195___ Approved _____
Chairman, Board of Supervisors

FOR STATE USE ONLY

ADVANCE APPROVED BY SDSW _____ ACCOUNTING OFFICER _____ DATE

Form Bl 809, Revised July 1952

State of California

Forward TWO copies to
State Department of Social Welfare
Sacramento 14, California

OLD AGE SECURITY
ESTIMATE OF QUARTERLY EXPENDITURES

FROM _____ COUNTY

FOR THE QUARTER BEGINNING _____, 19___ AND ENDING _____, 19___

	FIRST MONTH	SECOND MONTH	THIRD MONTH
1. TOTAL NUMBER OF RECIPIENTS			
2. AVERAGE PAYMENT	$	$	$
3. TOTAL AID (ITEM 1 x ITEM 2)	$	$	$
4. AID IN EXCESS OF $50 FOR EACH RECIPIENT	$	$	$
5. FEDERAL PARTICIPATION BASE (ITEM 3 LESS ITEM 4)	$	$	$
6. TOTAL ADMINISTRATIVE EXPENDITURES	$	$	$
7. FEDERAL FUNDS FOR AID (ITEM 1 TIMES $5 PLUS 1/2 OF ITEM 5)	$	$	$
FOR STATE	$	$	$
USE ONLY	$	$	$
8. FEDERAL FUNDS FOR ADMINISTRATION (1/2 OF ITEM 6)	$	$	$
FOR STATE	$	$	$
USE ONLY	$	$	$
9. TOTAL FEDERAL FUNDS ESTIMATED (ITEM 7 PLUS ITEM 8)	$	$	$
FOR STATE	$	$	$
USE ONLY	$	$	$
10. STATE FUNDS FOR AID (6/7 OF (ITEM 3 LESS ITEM 7) = STATE)	$	$	$
FOR STATE	$	$	$
USE ONLY	$	$	$

I HEREBY CERTIFY, that the county share has been appropriated or made available from county funds.

Aid $_____ (Total three months, Item 3 minus Items 7 and 10)

Administration $_____ (Total three months, Item 6 minus Item 8)

_____
Signature of County Auditor

I HEREBY CERTIFY, under penalty of perjury, that I am the county official responsible for the administration of Old Age Security in and for the said county; that the above is a true and correct statement of the estimated expenditures for Security under the Old Age Security Law, Chapter 1 of Division 3 of the Welfare and Institutions Code, and amendments thereto, and Title I of the Social Security Act, and amendment thereto, and that the provisions of same will be complied with in the expenditure of these funds.

_____
Signature of Director or Official in Charge

Date _____, 195___

Title _____

Date _____, 195___

Approved _____
Chairman, Board of Supervisors

FOR STATE USE ONLY

ADVANCE APPROVED BY SDSW _____ ACCOUNTING OFFICER _____ DATE

Form Ag 809, Revised July 1952

State of California

Forward TWO copies to
State Department of Social Welfare
Sacramento 14, California

AID TO NEEDY CHILDREN

ESTIMATE OF QUARTERLY EXPENDITURES

FROM _____ COUNTY

FOR THE QUARTER BEGINNING _____, 19____ AND ENDING _____, 19____

	FIRST MONTH	SECOND MONTH	THIRD MONTH
1. Number of children eligible for federal participation			
2. Number of needy relatives eligible for federal participation			
3. Total eligible children and needy relatives (Items 1 & 2)			
4. Number of children not eligible for federal participation			
5. Total all children and needy relatives (Items 3 & 4)			
6. Average payment (for eligible and ineligible children and eligible needy relatives)	$	$	$
7. Total aid (Item 5 x Item 6)	$	$	$
8. Aid to children ineligible for federal participation	$	$	$
9. Federal participation base (aid up to $27 for one child; $18 for each additional child, and $27 for each eligible needy relative)	$	$	$
10. Administration subject to federal matching	$	$	$
11. Administration not subject to federal matching	$	$	$
12. Total administration (Items 10 & 11)	$	$	$
13. Federal funds for aid (Item 3 times $3 plus 1/2 of Item 9)	$	$	$
FOR STATE USE ONLY	$	$	$
14. Federal funds for administration (1/2 of Item 10)	$	$	$
FOR STATE USE ONLY	$	$	$
15. Total federal funds estimated (Item 13 plus Item 14)	$	$	$
FOR STATE USE ONLY	$	$	$
16. State funds for aid (2/3 of (Item 7 minus Item 13) = State)	$	$	$
FOR STATE USE ONLY	$	$	$

I HEREBY CERTIFY, that the county share has been appropriated or made available from county funds.

Aid $_____ (Total three months, Item 7 minus Items 13 and 16)

Administration $_____ (Total three months, Item 12 minus Item 14)

_____
Signature of County Auditor

I Hereby Certify, under penalty of perjury, that I am the county official responsible for the administration of Aid to Needy Children in and for the said county; that the above is a true and correct statement of the estimated expenditures under the provisions of Chapter 1 of Part 2 of Division 2 of the Welfare and Institutions Code, and amendments thereto, and Title IV of the Social Security Act, and amendments thereto, and that the provisions of same will be complied with in the expenditure of these funds.

_____
Signature of Director or Official in Charge

Date _____, 195____ Title _____

Date _____, 195____ Approved _____
Chairman, Board of Supervisors

FOR STATE USE ONLY

ADVANCE APPROVED BY SDSW _____ ACCOUNTING OFFICER _____ DATE

Form CA 809, Revised July 1952

State of California

Forward TWO copies to
State Department of Social Welfare
Sacramento 14, California

ESTIMATE OF QUARTERLY EXPENDITURES

From _____ County

FOR AID TO PARTIALLY SELF-SUPPORTING BLIND

For the Quarter Beginning _____, 19__, and Ending _____, 19__.

	FIRST MONTH	SECOND MONTH	THIRD MONTH
1. Total Number of Recipients	_____	_____	_____
2. Total Aid.	$_____	$_____	$_____
3. State General Fund (State Share) (5/6 of Item 2).	$_____	$_____	$_____
FOR STATE.	$_____	$_____	$_____
USE ONLY	$_____	$_____	$_____

I Hereby Certify, under penalty of perjury, that I am the county official responsible for the administration of Aid to the Partially Self-supporting Blind in and for the said county; that the above is a true and correct statement of the estimated expenditures under Chapter 3 of Part 1 of Division 5 of the Welfare and Institutions Code, and amendments thereto, and that the provisions of same will be complied with in the expenditures of these funds.

_____
Signature of Director or Official in Charge

Date: _____, 195__ Title: _____

Date: _____, 195__ Approved: _____
Chairman, Board of Supervisors

ADVANCE APPROVED - STATE DEPARTMENT
OF SOCIAL WELFARE

_____
Accounting Officer

Date: _____

CASH

Form APSB 809, July 1952

State of California — Department of Social Welfare

SCHEDULE OF ADJUSTMENTS

Prepared by _____ (Federal Formula Period Beginning October 1, 1948)

AID TO NEEDY CHILDREN

COUNTY _____

☐ VOUCHER CLAIM ☐ BHI CLAIM (CASH CLAIM) MONTH _____, 195__

Forward one copy with monthly claim to State Department of Social Welfare, 616 K Street, Sacramento 14.

For payroll items, report in red or parenthesis the total persons count, State and Federal bases as originally claimed for each case to be adjusted; report same factors in black in corrected amounts. For contra-payroll items, report in opposite manner. Do not report by entering differences only.

CASE NAME	STATE NUMBER	WARRANT AMOUNT	GIVE BRIEF REASON AND NATURE OF ADJUSTMENT. INDICATE MONTH(S) AFFECTED AND WHETHER OVERCLAIM, UNDERCLAIM OR CHANGE IN PARTICIPATION STATUS.	CHANGE IN STATUS		REGULAR (R) and NON-FEDERAL (X) PERSONS				NON-COUNTY (N) and NON-COUNTY-NON-FEDERAL (S) PERSONS			
				FROM	TO	NO. OF PERSONS R	NO. OF PERSONS X	STATE BASIS	FEDERAL BASIS	NO. OF PERSONS N	NO. OF PERSONS S	STATE BASIS	FEDERAL BASIS
	X	X		NET TOTALS									

Form CA 816, Revised July 1952

State of California

SCHEDULE OF ADJUSTMENTS

(Federal Formula Period Beginning October 1, 1948)

Department of Social Welfare

Prepared by_____

COUNTY_____

PROGRAM_____

MONTH_____, 195____

Forward one copy with monthly claim to State Department of Social Welfare, 616 K Street, Sacramento 14.

For payroll items, report in red or parenthesis the persons count, warrant amount, and excess as originally claimed for each case to be adjusted; report same factors in black in corrected amounts. For contra-payroll items, report in opposite manner. Do not report by entering differences only.

CASE NAME	STATE CASE NUMBER	GIVE BRIEF REASON AND NATURE OF ADJUSTMENT. INDICATE MONTH(S) AFFECTED AND WHETHER OVERCLAIM, UNDERCLAIM OR CHANGE IN PARTICIPATION STATUS	CHANGE IN STATUS		REGULAR (R) CASES			NON-COUNTY (N) CASES			NON-FEDERAL (X) CASES		NON-COUNTY NON-FEDERAL (S) CASES	
			FROM	TO	NO. OF PERSONS	AMOUNT	EXCESS OF $50	NO. OF PERSONS	AMOUNT	EXCESS OF $50	NO. OF PERSONS	AMOUNT	NO. OF PERSONS	AMOUNT
			NET TOTALS											

Form AB 816, Revised May 1951

State of California — Department of Social Welfare

RECONCILIATION STATEMENT
COUNTY AUTHORIZATIONS TO AUDITOR'S PAYMENTS
AS CLAIMED TO SDSW

PROGRAM _____

COUNTY _____ MONTH OF CLAIM _____, 19__

1.	Continuing Aid Payments (Item 7 of the Reconciliation Statement, Form ABC 820, of the Previous Month)		$_____
2.	Add new Aid Payments Authorized for this Month (all new cases and restorations) (Col. 3, Form ABC 822)	$_____	
3.	Add the Amount of Increases in Continuing Aid Payments Authorized to be paid this Month (Col. 4, Form ABC 822)	_____	_____
4.	Sub-total (Item 1 plus Items 2 and 3)		_____
5.	Subtract all Aid Payments Authorized to be discontinued which affect this Month. (Col. 5, Form ABC 822)	_____	
6.	Subtract the Amount of Decreases in Continuing Aid Payments Authorized to become effective this Month (Col. 6, Form ABC 822)	_____	_____
7.	Net Amount of Continuing Aid Payments Authorized for this Month (Item 4, less the sum of Items 5 and 6)		_____
8.	Add the Amount of Aid Authorized to be paid this month for Prior Months (Item 8, Form ABC 822)		_____
9.	Total Aid Authorized to be paid this Month (Item 7 plus Item 8)		_____
10.	Amount Claimed on Certification for this Month (Form Ag, B1 or CA 800, Line 1, Column C).		_____
11.	Difference, if any, between Item 9 and Item 10. Explain any difference below or on a separate sheet		_____

CERTIFICATION

I hereby certify that the amounts stated herein are true and correct and are properly supported by auditable records conveniently accessible in the county.

SIGNED: _____ TITLE: _____ DATE: _____, 195____

See Reverse Side for Instructions

Form ABC 820, October 1951

State of California

Forward 4 Copies to
State Department of Social Welfare
616 K Street, Sacramento 14

ADJUSTMENT UNDER W & IC 1512 (c)
AUTHORIZED BY
NOTIFICATION OF TRANSFER - FORM CA 215-A

County of Application: _____ County of Residence: _____

State Number: _____

SECTION A: Summary of VOUCHER CLAIMS from County of Application

Name of Payee: _____

Child(ren)'s Name(s): _____

Name of Payee: _____

Child(ren)'s Name(s): _____

MONTH	PERSONS COUNT No. El. Rel.	No. El. Ch.	No. Inel. Ch.	WARRANT AMOUNT	BASIS FOR STATE PARTICIPATION	BASIS FOR FEDERAL PARTICIPATION

SECTION B: Summary of BHI CLAIMS from County of Application

MONTH	NAME OF PAYEE	NAME OF CHILD	WARRANT AMOUNT	BASIS FOR STATE PARTICIPATION

FOR STATE USE ONLY

$_____ County Share Charged to _____ County on _____ Claim.

By _____

Form CA 818, Revised July 1952

State of California Department of Social Welfare

BATCH VOUCHER
OF INDIVIDUAL COUNTY AUTHORIZATIONS

PROGRAM _____ BATCH VOUCHER NO. _____

MONTH OF CLAIM _____, 195___ COUNTY ACTION DATE _____, 195___

to be filed with supporting documents in county:

CASE NUMBER (1)	EFFECTIVE DATE (2)	CONTINUING AID PAYMENTS					* PAYMENTS FOR PRIOR MONTHS (8)	TOTAL AUTHORIZED CHANGES (9)
		NEW CASES (3)	NET GRANT INCREASES (4)	DISCONTINUANCES (5)	NET GRANT DECREASES (6)	NET TOTALS (7)		

* Do not include Prior Month Warrant Cancellations

Form ABC 821, Revised October 1951

INSTRUCTIONS

Forward three copies with monthly claim to State Department of Social Welfare, 616 K Street, Sacramento 14.

Enter in the heading the County Name and the Month of the Claim. The body of the form is completed as follows:

Item 1. Enter the amount of the continuing aid authorized by the Board of Supervisors for the previous month. This will be the same figure as stated in Item 7 of the previous month's reconciliation statement unless there has been an error in amounts previously reported. Any correction of a previous error is to be fully explained as a reconciling item.

Item 2. The amount to be entered here will include all authorized new cases and restorations (both regular and conditional) effective during month of claim. If aid is authorized to begin during the month only the amount of the authorization for the partial month should be entered. If the Board authorized any items for the month which could not be paid until the next month such items are to be included in the next month's reconciliation statement. This should be controlled at the time Batch Vouchers (Form 821) are made up as a voucher should include only authorizations which can be paid in a specific month. The amount entered here is transcribed from the total in Col. 3 of Form ABC 822, Register of Board Authorizations, for the month of claim.

Item 3. The same rule applies here as for Item 2. Include only increases which were effected in the month of claim; i.e., the net amount by which grants were to be increased. This includes increases to bring the immediate previous month's partial payment up to the total authorized monthly grant. Do not include authorizations covering supplemental payments for prior months. These are to be included in Item 8. The amount entered here is transcribed from the total in Col. 4 of Form ABC 822, Register of Board Authorizations, for the month of claim.

Item 4. Sub-total. Item 1 plus the sum of Items 2 and 3.

Item 5. Enter the amount of all discontinuances authorized to become effective on the last day of a previous month. If the Board authorized discontinuances which the Auditor could not effect because warrants therefor had been released, such discontinuances will be included in Item 5 of the next month's reconciliation statement. The amount entered here is transcribed from the total in Column 5 of Form ABC 822, Register of Board Authorizations, for the month of claim.

Item 6. Enter the amount of all decreases authorized to become effective on the first day of the month of claim; i.e., the net amount by which grants were to be decreased. If the Board authorized any items for the month which could not be effected by cancellation of the original warrants and issuance of new warrants in lesser amounts until the next month, such items are to be included in Item 8 of the next month's reconciliation statement. The amount entered here is transcribed from the total in Col. 6 of Form ABC 822, Register of Board Authorizations, for the month of claim.

Item 7. Enter the net difference between Item 4 less the sum of Items 5 and 6. This figure is the amount of the continuing aid payments for the month being claimed.

Item 8. Enter the amount of all retroactive aid authorizations approved this month for prior months including any authorizations requiring new warrants to cover retroactive decreases. Also include authorizations for return of erroneous repayments of aid. Do not include any cancellations for warrants issued in prior months as these are not included within the scope of the reconciliation. The amount entered here is transcribed from the total in Col. 8 of Form ABC 822, Register of Board Authorizations, for the month of claim.

Item 9. Item 7 plus Item 8. This figure represents the amount of aid authorized to be paid in the month being claimed which should have been given effect by the auditor through issuance and cancellation of warrants during the month, excepting cancellation of warrants issued during prior months. For OAS, ANB and APSB the amount entered here should agree with the amount shown in Col. D, Line 14 of Form AB 802, Claim Summary Sheet, for the month of claim. For ANC it should agree with Col. D, Line 1 of Form CA 802, Claim Summary Sheet, for the month of claim.

Item 10. Enter the net amount of aid paid as reported for the month on Form AB 800 or CA 800, Aid Affidavit, Line 1, Column C, for the month of claim. For OAS, ANB and APSB this amount should agree with the amount shown in Column D, Line 14 of Form AB 802, Claim Summary Sheet, for the month of claim. For ANC it should agree with Column D, Line 1 of Form CA 802 for the month of claim.

Item 11. Enter the difference (plus or minus) between the amount stated in Item 9 and the amount in Item 10. If the claim has been correctly prepared in accordance with Board Authorizations this figure should be zero. If there is a difference explain reconciling items in detail below the item or on a separate sheet so that they may be taken into account in preparing the claim and the reconciliation for the following month. If there has been no error in recording Board Authorizations in the Register of Authorizations (or its equivalent) any difference is in the claim itself (aid affidavit, claim summary sheet or the supporting payrolls).

The certification at the foot of the form is to be completed by the county official under whose direction the reconciliation is prepared, i.e., the County Welfare Director or the County Auditor.

Note: In ANC this reconciliation is made to authorizations including county supplemental aid (Warrant amounts).

State of California Department of Social Welfare

REPAYMENT RECEIVABLE REPORT

Date of Report: _____ County: _____

Public Assistance Programs: _____ Period Covered: _____

To be submitted in duplicate to the State Department of Social Welfare, 616 K Street, Sacramento, California within 30 days after the close of each month or each calendar quarter.

DESCRIPTION	NUMBER OF ACCOUNTS	AMOUNT
A. Active Repayments Receivable Accounts at beginning of period. (Item I of previous report)		
B. New Repayments Receivable Accounts set up during period.		
C. Inactive or closed Accounts reclassified to active status during period.		
D. Sub-total (Items A, B, and C)		
E. Repayments received during period. (Include Repayments Receivable Accounts only - See Section F-490)	XXXXXXXXXXXXXXX	
F. Repayments Receivable Accounts closed according to Section F-480.	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXX
1. By repayment in full		XXXXXXXXXXXXX
2. For other reasons:	XXXXXXXXXXXXXXX	XXXXXXXXXXXXX
a. Accounts less than $50		
b. Accounts $50 or more		
G. Accounts classified to inactive status. (See Section F-480)		
H. Sub-total (Items E through G)		
I. Active Repayments Receivable Accounts at close of period. (Item D minus Item H)		

INSTRUCTIONS

Report separately for the three programs; Aged, Blind and Children. The Blind program includes APSB cases and the Children's program includes both family and BHI cases. Repayments defined in Section F-400 as In Lieu Repayments or Voluntary Repayments are not to be included in this report.

Prepared by _____ Signed _____
Welfare Director

Form ABC 830, Revised July 1952

State of California — Department of Social Welfare

REGISTER OF COUNTY AUTHORIZATIONS

PROGRAM _____

MONTH _____, 195____

To be filed with supporting Batch Vouchers in county

BATCH VOUCHER NUMBER (1)	COUNTY ACTION DATE (2)	CONTINUING AID PAYMENTS					PAYMENTS FOR PRIOR MONTHS (8)	TOTAL CHANGE IN AID PAYMENTS (9)
		NEW CASES (3)	INCREASES (4)	DISCONTINUANCES (5)	DECREASES (6)	NET TOTALS (7)		

Form ABC 822, Revised October 1951

FOLLOW UP RECORD	
DATE	REMARKS

Form ABC 831 (Feb., 1951)

REPAYMENT RECEIVABLE RECORD

Debtor's Name	Address	State Number
Amount of Repayment Due	Period For Which Due	
Reason for Overpayment		Demand for Repayment Served
Date of Agreement to Reimburse Note	Note Terms	Confession of Judgement Procured
Judgment Liens in Effect	Criminal Actions Taken	Statute of Limitations Date

REMARKS	REPAYMENT DATES	AMOUNTS REPAID	BALANCE DUE	REMARKS	REPAYMENT DATES	AMOUNTS REPAID	BALANCE DUE

Suggested Form B

AGREEMENT TO REIMBURSE NOTE
(Installments)

State No. _____

County No. _____

Name _____

_____, California

_____, 195____

In installments and at the times hereinafter stated, I promise to pay to the order of the County of _____, at its office in _____, the sum of _____ _____ Dollars ($_____) in _____ equal successive monthly installments of _____ _____ Dollars ($_____) beginning _____, 195____, and one final installment of _____ Dollars ($_____).

I agree that in case any one of said installments is not paid when due, the entire sum then remaining unpaid shall forthwith become due and payable at the option of the holder of this note, and notice of the exercise of such option is hereby expressly waived.

Installments are payable in lawful money of the United States of America.

In case suit is instituted to collect this note, or any part thereof, I promise to pay such additional sums as the Court may adjudge reasonable as attorney's fees in such suit.

Signature _____

Address _____

_____

Witness _____

Address _____

_____

Suggested Form A

STATEMENT OF DEBTOR'S RESOURCES

State No.: _____

Name: _____

Address: _____

Currently receiving aid? _____

INCOME:

Monthly amount: $ _____ Source: _____

Amount required to meet current need of debtor and spouse (and minor children in ANC): $ _____

PROPERTY:

Real: Location _____

Assessed Value: $ _____ Estimated real value: $ _____

Encumbered? _____ Amount of Encumbrance: $ _____

Occupied by debtor? _____ If not occupied, how utilized? _____

Personal: Cash or bank balances: $ _____ (Include postal savings) Securities: $ _____ (Include trust deeds, war bonds)

Insurance, Face Value: $ _____ Estimated cash surrender value: $ _____

Furniture and equipment - estimated value: $ _____

Automobile - estimated value: $ _____ Determined necessary? _____

Other (describe and give estimated value) _____

_____

Debtor's statement regarding willingness and pecuniary ability to make payment:

_____

_____

_____

County Worker

Suggested Form D

IN THE (enter name and jurisdiction of court) .

COUNTY OF _____)
)
Plaintiff)
)
vs.)
)
_____)
)
Defendant)

NO. _____

CONFESSION OF JUDGMENT
(CCP 1132-1135)

I, _____, being duly sworn, declare and depose as follows:

I hereby confess judgment in favor of the County of _____, the plaintiff above-named, for the sum of $_____ (enter the specified sum for which entry of judgment is authorized), and authorize the entry of judgment therefor against me.

This Confession of Judgment is for a debt justly due from me to the said County of _____, and arises upon the following facts; to wit,

(enter here the facts out of which the debt arose, i.e., the cause of the overpayment and the reason the right to request repayment exists; e.g., the receipt of Old Age Security from August 1, 1950, through December 31, 1950, while I was ineligible because of the possession of personal property in excess of $1,200.00, which property I had not declared to the county.)

_____
(Signature of defendant)

Subscribed and sworn to before me

this _____ day of _____, 195__.

_____
(Signature, title, and seal of person authorized to administer oath)

IT IS ORDERED, ADJUDGED, AND DECREED that the said County of _____ do have and recover of and from the said _____, the sum of $_____ together with the sum of $_____ costs herein.

Dated _____

_____
(Signature of Clerk of Court)

Suggested Form C

AGREEMENT TO REIMBURSE NOTE
(Demand Note)

State No. _____

County No. _____

Name _____

_____, California

_____, 195____

On Demand I promise to pay to the order of the County of _____, at its office in _____ the sum of _____ Dollars ($_____) in lawful money of the United States of America.

In case suit is instituted to collect this note, or any part thereof, I promise to pay such additional sums as the Court may adjudge reasonable as attorney's fees in such suit.

Signature _____

Address _____

Witness: _____

Address: _____